MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Thou

CERTIFICATE OF DEATH

03741₁₃₁

City or fown (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
How long in hospital or institution? How long in hospital or institution?	Sireet No
3. (a) FULL NAME William Fenry	- Allen 3. (b) Social Security Number None
1. Son Male 5. Color of face 6. (a) Single, married, widowed, or disorted W	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of tweetgate or wife. Mary Herbert 6.(c) If allive, give age years 7. Birth date of November 2 1870	21. I CERTIFY that death occurred on the date above stated: that I attended degrased from 19. 6. 10. First 19.46 and that I last saw Law alive on Lewis 4. 19.46
7.8 in the date of deceased (mo., day, yr.) November 2, 1870	Immediate cause of death DURATION Lemmale Grant Land DURATION Week
9. Birthplace	Due to.
11. Industry or business 12. Name. Unknown 13. Birthplace Unknown	Dither conditions
14. Maiden name Unknown 15. Birthplace Unknown	(Include pregnancy within 8 months of death) Major findings of operations
Raymond Allen Address 515 Middle Alley, Frederick, Md.	Antopsy results
Burial Bate thereot 4/18/46 (Burial, cremation, or removal, Which?) Cemeiory or orematory Fairview Cemetery	22. VIOLENCE: If doath was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Frederick, Maryland M. R. Etchiaon and Son	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Addross Frederick, Maryland 19. 16 Opril 19.46 Elizabeth Hear Registrar (Date rec'dlay registrar)	23. SIGNATURE Bernard James M. D. M.

APRIS 1946

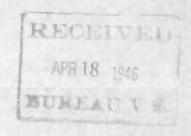
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

CERTIFICATE OF DEATH

03742 Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County The devil	State Many LAND county CARROLL
(if outside city or town limits, write RURAL end give nearest town)	(If outside city or own limits, write RURAL and give nearest town)
How long in above place of death?	
Frederick City Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced	MEDIÇAL CERTIFICATION
male white mannied	20. DATE DE DEATH DE 16 19 46 at 20.5 PM
6.(6) Name of bushend or wife hELLIE MUERS	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from
7. Birth date of	chad 8 10 19
deceased (mo., day, yr.) Sept 11-1907	Immediate cause of death
8. AGE: Years Months Days It less than one day 3 8 5hrsmln.	Pulmony while 4
0 1 - 11 0 5 - 1 0 0	and the second second
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation LAVTORER.	Due to.
11. Industry or business	
12. Name. MAURICE Angell 13. Birthplace MARYLAND	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name SARAL Short MARER. 15. Birthplace MARULAND.	Major findings of operations
E 15. Birthplace MARYLAND.	Date of op.
16. Informant MRS NELLY E Angel	PHYSICIAN: Picase underline the cause to which death should be charged statistically.
Address IANEYTO WA- MARYLAND	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or removal, Which?) (Burial, cremation or removal, Which?) (Burial, cremation or removal, Which?)	Accident, suicide, or homicide. AC Color Date of 3-2-2-4 C
Cemetery or engagery Relatived	Where did linkery accur? have laws our cared had.
Maria Em Marila II.	(City or town) (County) (State)
008	Means of Injury while cutting workfured at work?
18. Funeral director.	Deputy hard
Address Janeiglown, Mid.	23. SIGNATURE A. W. Bar Cy.
19. 17 - Corre 19.46 Elizabeth Heck. (Dute rec'd byregistrar) (Dute rec'd byregistrar)	Address Fledwick / Date signed Yell 'V6.
(Director of places serial)	Address Date signed



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

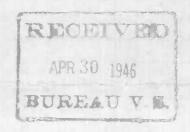
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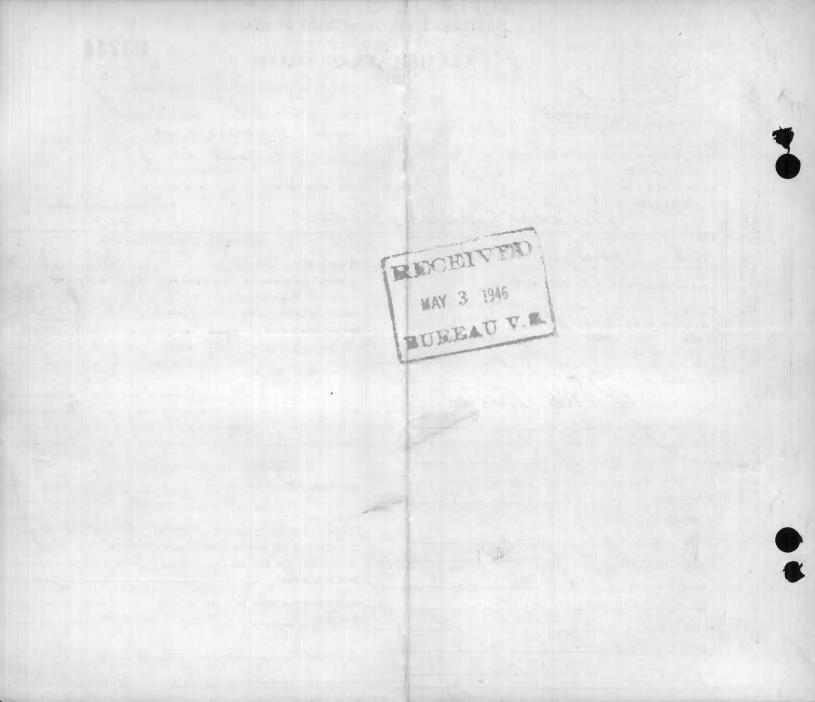
2411 N. Charles St., Baltimore 9320

			1	9	

CERTIFICAT	TE OF DEATH Reg. Diat. No. / 3/
1. PLACE OF DEATH: County Free County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Military County (If outside city or town limits write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
m. Howard Baker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singly married, widowed, or divorced Wale While Widowed 6.(b) Name of husband or wife Elsie Stulle Basker Calculated 6.(c) If alive, give age years	MEDICAL CERTIFICATION 20. DATE OF DEATH. Apr. 25 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from 18. 46. 10. 18. 46.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 65 8 10 hrs. min. 9. Birthplace Canall Co. Many Canal (Town, county, and state)	and that I last saw & him alive on a paris 23 occ 18 4 5 Immediate cause of death Misseur dia DURATION Selection +/ copt dure or Due to.
11. Industry or business 12. Name John Balcer 13. Birthplace Many land 14. Maiden name Soften Ersost 15. Birthplace Manyland	Other conditions (Include pregnancy within 3 months of death) Major fiadings of operations.
16. Informant Mrs. David M. Svill Address Westminiter-Med 17. David Date thereof 4-28-46 (Burial, remation, or removal, Which) Cemelery or crematory	Autopsy results PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: ff death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Dennings, Carroll Co. Mill 18. Funeral director. S.M. Wall3 Address Win field, Mid. 19. 27 - april 1946 Elizabeth y Hills (Date ree'd by Gegistrar) Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE



Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-2 of deceased is shown on CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 200 married, widowed, or divorced MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the dale above stated; that I pitended deceased from 6.(c) If alive, give age and that I last saw h. Longoalive on .. 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: 11. Industry or business 12. Name..... WITH UNF important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... 15. Birthplace PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) injured at home, farm, Industry, public place (where?) Means of injury Injured at work? EASE



M. D. or other

Frederick, Maryland Baie signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

				TE OF DEAT		Reg.	Dist. No	131
Hospital, Institution 7 Wes	Frederick (If outside city or town place of death?L un, or street address when t Sixth S	e death occurred treet	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland County Frederick City or dear. (If outside city or town limits, write RURAL and give nearest town) Street No. 7 West Sixth Street (If rural, give LOCATION) 2.(a) If veteran, name war. None				arest town)
3. (a) FULL N		Y BARN	ES			. ,	cial Security	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced y	20. DATE OF OEATH	MEDICAL C			About 2:30A
7. Birth data of deceased (mo.,	Dohma) If alive, give ageyears 1909	21. I CERTIFY that death and that I last saw h I I Immediate cause of dea	n DEAD	Apri		19 4
o. Ada.	37 2	26	ick-Maryland	Sug de	use p	سيس	rays	ins
10. Usual occupa	Labore	r county, and e	er Lime Co.	Dua to				
13. Birthplace	Frederi	ck Cour	nty Maryland	Other conditions(Includ		months of deat	h)	
15. Birthplac		ck Cou	nty Maryland	Major findings of opera	tions		ta of op.	
18. Intermant	W. 6th St	• • • • • • • • • • • • • • • • • • • •	rnes derick, Md.	Antopsy results	derline the cause to v			statistically.
Buri (Burlal, crom	etion, or removal. Which	Bate there	of 4/30/46 (month) (day) (year) netery	22. VIOLENCE: If death Accident, suicide, or hom Where did injury occur?	nloide	nde		-28.46 L wd
Location	M. R.		Maryland son and Son	Injured at home, farm, In	ndustry, public place (vhere?) / Linjure	eng hou	to alle
Addence	944	rick.	Warvland		1. B.	Depu	ty Med	lical

Registrar

Address.

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19. 29 Opril (Date rec'd baregistrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 30 1946 BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

03746

Address State Sana to ri um, Md Oate signed 4/6/46

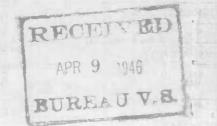
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			CERTIFICA	TE OF DEATH Reg. Diat. No. 139			
How long in above place Hospital, institution, or Maryland How long in hospital or	Freder te Sana to utside etty or town liv of death? Sinc street address where of Tub ercu institution? Sin	ri um. l mits, write RURA e 10/1 death occurred:	Sana to rium	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
3. (a) FULL NAME	P. Barnes			3. (b) Social Security Number	er		
4. Sex Male	5. Color or race White		rried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH April 5 19.46 at 2.	:35P		
B.(b) Name of National Archibald E. Barnes 6.(c) If alive, give age 24 years 7. Birth date of deceased (mo., day, yr.) June 29, 1922 8. AGE: Years Months Days If less than one day 23 9 7 hrs. min. Funkstown, Md. (Town, county, and state) 10. Usual occupation. Aircraft worker 11. Industry or business 12. Name. Archibald E. Barnes 13. Birthplace Snow Hill, Md.				and that I last saw h	n 19 46 19 46 DURATION MOS		
				Due to			
				Other conditions			
14. Malden name Noane Wilson 15. Birthplace Bakersville, Md.			d.	(Include pregnancy within 3 months of death) Major fiadings of operations			
18. Informant Jane C. Barnes (Wife) Address 836 S. Potomac St., Hagerstown, Md 17. (Burial cromation, or removal, Which?) Cemetery or cremators the control of the contr				Accident, suicide, or homicide			
Address			Meryland	23. SIGNATURE R. G. Bellin M. D. M.	₹C		

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(Date rec'd by registrar)

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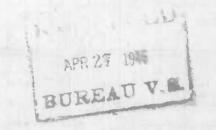
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

03747 Reg. Dist. No. / 32

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 2 rederich	State Maryland county Frederick
City or town	100
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Middletown Md. R.J	Street No. M. Addle Torra Md. ((fraral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anna Mary Soldia	Beachley none
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorted	MEDICAL CERTIFICATION
Demale White married	20. DATE OF DEATH at 1. 24" 18 46 21/220 a. M
Puillian Ch Beallen	21. I CERTIFY that death occurred on the date above stated; that I attended Jeceased from
8.(6) Name of husband or wife	hely 20 19 44 10 april 24° 19 4 6
7. Birth date of	and that I last saw h. fam. alive on
deceased (mo., day, yr.) Settled - 6 - 8/2 8 AGE - Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Bays If less than one day	6 wests
O Pell O nel	N. (+ 1 M+
9. Birthpiece Near Octabling Utak, Co. M.d.	Due to Actualis Millians 172. 1 min
10. Usual occupation Hauseunje	Busha
11. Industry or business Alla Italia	July 10
12. Name John Crouise	Other conditions
13. Birthaince Wash, Co. md.	(Include pregnancy within 3 months of death)
# 14. Maiden name. Sarah Nell	
14. Maiden name. Sorral Meff.	Major fiadings of operations.
Alia Bearland	
18. Informant	Antupsy results
Address Madellome Md. Kil	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory B vousloss Cernetary	Where did injury occur?
Location Bronsboro md	Injured at home, tarm, Industry, public place (where?)
TIM 2 B + US	Meens of tnjury tnjured at work?
1B. Funeral director.	
Address 95 vonstron Md.	23. SIGNATURE IS Led hade m. D.
19 Apr 26 1946 marie Gladbill	M. D. or other
(Date rec'd by registrar) Registra	Address Date signed 4/24/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-6

CERTIFICATE OF DEATH

			1	20
D	Dist	Na	_ 1	34

				Reg. Dist. No	
1. PLACE OF DE	Fre	ederick	2. USUAL RESIDENCE (HOME) OF (For newborn infauts give residence of r	nother)	
City or townSta. (12 How long in above plac Hospital, institution, o Marylan	te Sana to outside city or town li e of death? Sin o r street address where I Tub ercu	orium. Maryland mits, write RURAL and give nearest town) ce 8/31/45 death occurred: alosis Sana torium nce 8/31/45	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 623 N. Curley St. (If rursl, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM				3.7b) Social Security	
` '	a H. Bend	dall		213 -20 -92	
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Single	20. DATE OF DEATH April 13	19 46	, 10 P
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 31 to 45 to April 13 to 4 and that I last saw her alive on April 13 to 49			
8. AGE: Year	s Months ,	Days It less than one day 6hrsmin.	Pulmonary Tubercul		
tO. Usual occupation.	Telepho	one operator	Intestinal Tubercu		5 Mos.
13. Birthplace	Richmond,	Va.	Other conditions		***
14. Maiden name	Marie Po	olacek	(Include pregnancy within 8 m		\
tB. Informant	Mrs. Mai	rie Bendall (Mother)	Autopsy results		1.
Address 623 N. Curley St., Balto., Md. 11 Unknown Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Unknown arkwood (May) (Year)			22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide	ses, till in the tollowing;	
Cemetery or cremat	unkn	(~) 1 : ~ ~ ~	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wh		
EUCATION		eager & Son	Meens of Injury	Injured at work?	
18. Funeral director		nt, Md.	Rh Bo		
19. 4/5/	egiátrar) 19	Registrar	23. SIGNATURE Sanatori		1. XXXXXX
(Date red by re	Rimer at)	Megistrar	** AUDITESSA.M.A.M.M.M.M.M.M.M.M.M.M.M.M.M.M.	MOONE BURNEY OF THE SIGNEY	2 - F. 19 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

WITH UNFADING INK. Supply every item of information carefully. The eimportant. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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The correct age

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APR 16 1946
BUREAU VE

2411 N. Charles St., Baltimore

03749

Address State Sanatorium, Md. Date signed 4/15/46

CERTIFICATE OF DEATH

139

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
State Sam torium, Maryland	State Maryland County City or town Baltimore			
City or town State Same to rium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 4/8/46				
How long in above place of death? DIII & AV O/AB Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)			
Mary land Tuberculosis Sanatorium	Street No. 441 Fur row St.			
How long in hospital or institution? Sime 4/8/46	(If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
William John Bothoff	None			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20, DATE OF DEATH APRIL 15 19 46 217:30A			
6.(b) Name of hashard wife Minnie M. Bothoff	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from			
s (a) Mallya sha are 52	April 8 19 46 10 April 15 19 44			
7. Birth date of	and that I last saw h im alive on April 15 19 4			
	Immediate cause of death			
r/ 0	Pulmonary Tuberculosis 12 Mos			
9. Birthplace Bal timore, Md. (Town, county, and state)	Due to			
City Highway labonen				
1D. Usual occupation. Oldy Highway Tabolel	Due to.			
11. Industry or business				
12. Name George Bothoff 13. Birthplace ?	Dther conditions			
	(Include pregnancy within 8 months of death)			
14. Malden name Margaret ?				
W 15 Rirthnians	Major findings of operations.			
Minnie M. Bothoff (Wife)	Date of op,			
10. Inturment	Antopsy results			
Address 411 Fur row St., Balto., Md.				
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causee, till in the following:			
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, euicide, or homicide			
Cemetery or crematory. Alexandra Called Call	Where dld lajury occur?			
Location Atype At Jaltenine Misi-	Injured at home, tarm, industry, public place (where?)			
18. Funeral director M. L. Creager & Bon	Means of Injury Injured et work?			
10 4-2 16	7 / 3.			
Address Aurmout I hay	23. SIGNATURE R. W. Breein.			
19. (Date reed by registrar)	State Constant and M.D. K. M. D. M. D. K. M. D.			
(Date rec'd by registrar) Registrar	Address State Sana torium, Md. Date signed 4/15/46			

WRITE PLAINLY, is especially PLEASE VS A15

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly

WITH UNF important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	EPARTMENT OF HEALTH ea St., Baltimore (97) () 3750			
	TE OF DEATH Rog. Diat. No			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:			
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veieran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number None			
John Ezra Buffington 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Widowed	20. DATE OF DEATH April 23 1946 19 216.35			
6.(b) Name of husband or wife Mary Elizabeth Buffingtor 7. Birth dale of deceased (mo., day. yr.) 8. AGE: Years Months Days If less than one day Restrict Restrict	and that I last saw h Monalive on 18.5 to 0. 23.19.7 to 18.4 Immediate cause of death DURATION Due to Due to			
11. Industry or Business Recorded Buffington Alexander Buffington 13. Birthplace Maryland	Dither conditions			
14. Malden name Henrietta Garver 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major fiadings of operations			
Mrs Mary Wachter Address Union Bridge Md Route 1	Autopsy results			
Burial Date thereof April 25-1946 (Burial, cremation, or removal. Which?) Cemetery or crematory Mountain View Cemetery Location Union Bridge Maryland 18. Funeral director D.D. Hartzler & Sons	Accident, suicide, or homicide			
Address Union Bridge & New Windsor Md 19. Geril 25 (Date rec'd by registrar) Registrar	23. SIGNATURE. Address. Aug 9 M. D. or other Date signed V 23/ Date signed V 23/ M. D. or other			



2411 N. Charles St., Baltimore /4

03751

AddrossState Sana torium, Md. Dalo signed 4/8/46

CERTIFICATE OF DEATH

139

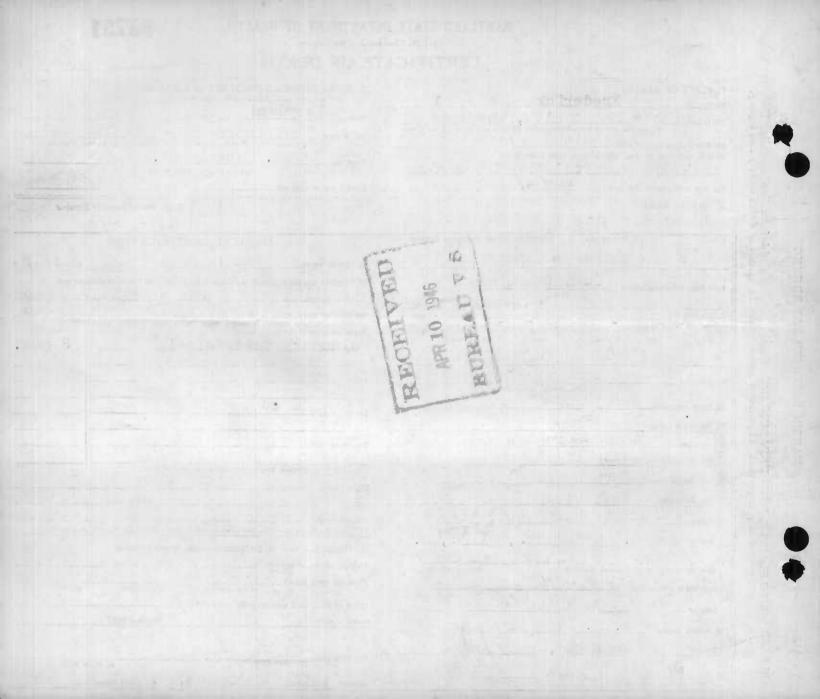
	Keg, Dist. 10.
1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or lown State Sana torium. Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 4/1/46	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospilal, institution, or stroet address whore death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 4/1/46	Streel No. 300 W. Lanvale St. (If rural, give LOCATION) 2.(a) If vetoran, namo war.
3.(a) FULL NAME Oscar Burnside	3. (b) Social Security Number 234-20-7902
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH April 7 1946 at 1:10P
6.(6) Name of Multipartities Juanita Burnside 6.(6) Name of Multipartities Juanita Burnside 6.(6) If allve, give age 24 yoars 7. Birth dato of deceased (mo., day, yr.) 2/17/1923	21. I CERTIFY I had death occurred on I ho date above stated; I had I altended deceased from April 1 19.46 to April 7 19.46 and I had I last saw h im alive on April 7 19.46
8. AGE: Yoars Months Days If less than one day	Pulmonary Tuberculosis 8 mos
23 1 21hrsmin.	Parmonary ruberoutosis
9. Birthplace	Duo 10
11. Industry or business	Dus to
Thomas Burnside 12. Name Thomas Burnside 13. Birthplaco West Virginia	Dthor conditions
14. Malden name. Cora Boggs 15. Birthplaco West Virginia	(Include pregnancy within 3 months of death) Majur findings of operations
15. Birthplaco West Virginia	Date of op.
16. Intermant Juanita Burnside (wife)	Autupsy resulta
Address 300 W. Lan vale St., Balto, Md. 17. Burial (Bnrial, cremation, or repoval, Which?) Date Ihoroot. Charles (honth) (day) (year)	22. VIOLENCE: If doalh was due to external causes, fill in the following; Accident, sulcide, or homicide
Comotory or crematory Fardman Controver W. Va.	Where did injury occur?
M T Croscon & Chn.	Means of Injury Injured at work?
To. Tuncial encolor	R. C. Balli
Addross Thurmont, Mary Land	23. SIGNATURE K. W. Valling M. D. of STOR
19. (Datu fee'd by registrar) Registrar	AddrossState Sana torium, Md. Dalo signed 4/8/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

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PLEASE WRITE PLAINLY, Is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-6.

CERTIFICATE OF DEATH

03752 Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
State Sana torium, Mary land	State Maryland County
(If outside city or town limits, write RUBAL and give nearest town)	D 344
How long in above place of death? Since 4/1/46	
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana torium	Street No. 16 N. Washington St.
How long in hospital or institution? Since 4/1/46	(If rurai, give LOCATION)
3. (a) FULL NAME	
James T. Carroll	3. (b) Social Security Number 219-10-2573
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH. April 15 19 46 at 3:30A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 19 46
7. Dirth date of	and that I last saw h im alive on April 15
deceased (mo., day, yr.) March 4, 1800	
8. AGE: Years Months Days If less than one day 60 1 11	Immediate cause of death Tuberca Coris 8 year
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to
Salegman	
10, Usual occupation	Due to
11. Industry or business	
12. Name John Carroll 13. Birthplace Ireland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Amilie Knorr 15. Birthplace Bremen, Germany	Major findings of operations
15. Birthplace Bremen, Germany	Date of op
16. Informant Deceased	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Sural (Burlai, cremation, or removul. Which?) Oate thereof (Apr. 18, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Unknown green mount Com.	Where did injury occur? (City or town) (Connty) (State)
Location Unknown Baltimore, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director M. L. Creager & Son	Means of tnjury Injured at work?
	0/ 1.
Address Thurmont, Maryland	23. SIGNATURE A. G. Bacei.
19. (Date req'd'by registrar) Registrar	14 D
(Date req'd by registrar) Registrar	Address State Sana torium, Md . Date signed 4/15/46

RECEIVED

APR 16 1946

RUPEAUVE

-WRITE PLAIN, WITH UNFADING INK-THIS IS A PERMANENT RECO. Try item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING See instructions on hack of certificate. TION is very important. N. B.-WRITE PLAI V. S. No. 1

	STATE	OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE O	F DEATH	/	(3753)
County	Freder	<u> </u>	Registration vist. No.
Village or (city Brum	mak	No. Pregue Cive St., Ward
Length of res	sidence in city or town where	e death occurred	(If death occurred in a househal or institution, give its NAME instead of street and number) nosds, How long in U.S. if of foreign birth?yrsmosds,
	ME La C	uda Maria	Garler If U. S. Veteran, specify WAR
	nce: No. House	ulle mid	St. Ward.
(a) Reside	nice. 110	(Usual place of abode)	If nonresident give city or town and State
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Penul	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH (Day) 19216
5a. If married, widow HUSBAND of	wed, or divorced		22. A I HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of			Chief 2 1946 to Clarel 12 1946
6. DATE OF BIRTH	(month, day, end year	hil 2nd 1946	I last saw how elive on a last 12, 19. 46; death is said
7. AGE Ye	ars Month's	Days If LESS than	
		10 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profe	ession, or particular work done, as SPINNER,	~	1000
9. Industry or	R, BOOKKEEPER, etc business in which		- William of But Chiels for
SAW MI	es done, es SILK MILL, ILL, BANK, etc		
O 10. Dato deceathis occi	sed last worked at upation (month and	11. Total time (years) spent in this	
year)		occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (C		yeur	Memature 7/2 mo
(State or cou	0-1-0-2	a to	
13. NAME	ace T. Co	unce	
4. BIRTHPLAC	E (city or town)	7	Name of operation Date of Date of
	11:	4 Plate	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
E	ci de	e general	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State o	E (city or town)	A	Where did Injury occur?
17 INFORMANT	Vale 4. to	arten	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Brix ple	mds	
18. BURIAL, CREMA	TION OR REMOVAL	Date 2/15/194	Manner of Injury
19. UNDERTAKER (Address)	Brunge	le V Bro,	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. 4-	13 , 1946 Eu	geno the Buche Registrar.	(Signed).//palled us Shugas M. I.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

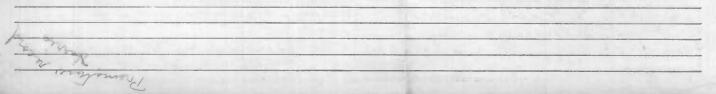
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis AF 15 1046	3 days ago
		NUREAU V.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles St., Baltimore (159) CERTIFICATE OF DEATH

0	87			3 1
The same	-		2.7	7 1
	Reg.	Diat.	NO	

fl	
1. PLACE OF DEATH: County Frederick.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or to (If outside city or town limits, write RURAL and give nearest town)	State
(If outside city or town limits, write RUKAL and give nearest town)	(If outside city or town) limits, write RURAL and give nearest town)
How long in above place of death? 2. 4 1	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. H113 Wisconsin Ore.
Frederick Cityldospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Collins	Vone
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w Simole	Chr. 1 2 2 2 300
m 20 Single	20. DATE OF DEATH. CARL 27- 19.46 21.20 P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(0) Name of nusband of wife	april 26-1846 to april 27-1846
7. Birth date of deceased (mo., day, yr.) APT11-27-46	and that I last saw h localive on Find 27- 19 46
8. AGE: Years Months Days If less than one day	Immediate cause of death
24 hoursmin.	Presenting (citt (61/2 mith)
	Tenance och (C 12 mins)
9. Birthpiace Frederick. The derick (Town, county, and state)	Oue to. (Springer)
10. Usual occupation	Due to
11. Industry or business	
12. Name £ 4 w i 77 Coll 77 S 13. Birtholace 77 V	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name / e 5 7707 / tayls 15. Birthplace 7:11.	
51/	Major findings of operations.
≅ 15. Birthplace	Date of op.
16. Informant 5/e2 TOT (0// 723	Antopsy results
Pintof Baka MI.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address / 0771/Ot //OCHS d	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cramation or reserve). Which() Date thereo (month) (day) (year)	Accident, suicide, or homicide
Gemetery or remaining St 103e pts	Where did injury occur?
B. alda of town MI	
Location / Ouc C JE J S 10 W 22	Injured at home, farm, Industry, public place (where?)
18. Funeral director (1) Allian 13 Hills	Means of Injury Injured at work?
Address on 10 and 10000 mid	B , D . L , A
Ourse CV. Dans	23. SIGNATURE 72700. White M.D. or other
19.28 april 19.46 Chabeth J. Haile.	Address Parolesmle, bud. Date signed 4/27/46
(Date rec'd by registrar) Registrar	Address / Quite signed / / Q

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MARGIN RESERVED FOR BINDING

RECEIVED MAY 1 1946

BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

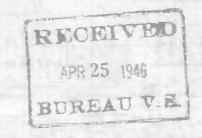
03755

CERTIFICAT	TE OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH: Freslerics	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mary land county Cassoll
How long in above place of death? Mospital, institution or street address where death excerted: And the street address where death excerted:	(If outside city or town limits, write RUEAL and give nearest town) Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Trany lo. C	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Male Coloud Single	20. DATE DE DEATH. Agril 7 %, 1946 01/0:00 P: M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) The state of deceased (mo., day, yr.) The state of t	and that I last saw h / M alive on The Alive To 1946
8. AGE: Years Months Days I fless than one day 3 /O	Immediate cause of death Bildhard Granchopsilmania DURATION 3 days
9. Birthplace Canall Co Duny Canal (Town, county, and state)	Due to
1D. Usual occupation	Due to.
E 12. Name George Cook	Dther conditions
x 7./_1 0 1	(Include pregnancy within 3 months of death)
14. Maiden name Allen Shusore 15. Birthplace Many Land.	Major findings of operations. Date of op.
Address Mik aux hid	Autopsy results
17. Bursi al. Bate thereof 4-24-46 (Burial, exemption, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or erematory Mix Zion	Where did injury occur?
Location Near Mx. Cury Mid	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director.	injures at work?
Address Win field hid	Rent 911.W.
19. 23 april 1944 Elizabeth & Heck (Date rec'd by registrar)	Address Vancascus, Ndd. Date signed 4/73/46.

VS A15

PLEASE WRITE PLAINLY, WERH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore The correct CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother) (If outside city or town limits, write RUBAL and give nearest town) information carefully clearly and How long to shave place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address, where death occurred (If rural, give LOCATION) HONE How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number DONE 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes 8.(b) Name of husband or wife... 7. Birth date of deceased (mo., day, yr.) Supply 8. AGE: Days Years ADING 10. Usual occupation. Scotter rug al 11. Industry or business important, 14. Maiden na 15. Birthplace (Include pregnancy within 8 months of death) Major findings of operations. 16. Interment WRITE PLAINLY PHYSICIAN: Plesse underline the cause to which death should he charged statistically. Address 22. VIOLENCE: If death was due to exfernal causes, fill in the following: (month) (day) (year) Accident, suicide, or homicide. Accident. Where did injury occor? Telallersmille. (County) injured at home, farm, industry, public place (where?) . Oct Rome. Means of Injury accidental 2001 Injured at work? 18. Funeral director M. D. or other Date signed 1/1 26

APR 27 1946
BUREAU V.B.

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly-and egibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Rico

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	Rog.	Di	at.	No		2	L.

CERTIFICATE OF DEATH	6.0	3"
DESCRIPTION OF DESCRIPTION	E OF DEATH	H

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County County Clity or tewn (If outside city or town limita, write RUPAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME months a & Cr	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single darlad, wildowed, or discreed Hidowed 8.(b) Name of husband or with the Creeks 6.(c) It alive, give age years	MEDICAL CERTIFICATION 20. DATE DF DEATH April 20th 19 46 at 1: 30P m 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1st 19 46 to April 20 19 46
7. Birth date of deceased (mo., day, yr.) 6-3-/86/ 8. AGE: Years Months Days If less than one day	and that I last saw h. C.T. alive on April 20th, 19.46. Immediate cause of death DURATION
84 10 17 hrs. min.	Angina pectoris ? Cardiovascular renal disease ?
9. Birthplace Trederick Co., Ind. (Town, county, and state)	General senile degeneration
11. industry or business	Due to Advanced age.
12. Hame Even agle 13. Birthplace Frederick Co. Ind. 14. Maiden name amanda? agle 15. Birthplace Frederick Co., Ind.	Dther conditions Double glaucoma with enucleation. Totally blind for a num- (Include pregnancy within 8 months of death ber of years. Major findings of operations. Date of op.
18. Interment Home For The light -	Autopsy results
17. Burial Bate thereot (4-23-46) (Burial, cremation or removal. Whiteh) Cemetery or complete the Cemetery	22. VIOLENCE: it death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Novelsborn - mil. 18. Funeral director C. E. Cline + Low	injured at home, tarm, Industry, public place (where?) Means of Injury injured at work?
Address Frederick - Incl. 19. 22 april 19. 44 Elizabeth Thech. (Date rec'd by egistrar) Registrar	23. SIGHATURE C. H. Conley, M. D. M. D. active. Address Frederick, Md. Date signed 4/22/46

AFR 23 1946 BUREAU V B

the C. F. Couldy In

14 Hours

BOWERS

March 10, 1865

28

(Town, county, and atate)

Public School

Frederick County

Frederick County

Family Records

Margaret Slifer

Reformed Cemete

Jefferson, Mary M. R. Etchison

Frederick, Mary

Date thereof

6.(a) Single, married.

.6.(c) If alive,

It less

S

How long in above place of death?.....

6.(b) Name of husband or wite.....

Years

81

How long in hospital or institution? 3. (a) FULL NAME

Hospital, institution, or street address where death occurred:
Frederick City Hospital

LUTHER

5. Color or race

Months

0

9. Birthplace Jefferson-Frederick-

David Culler

Janitor

CERTIFICAT	TE OF DEATH		Reg. Diat. No	.31
	2. USUAL RESIDENCE (HO (For newborn infants give res	ME) OF DEC	CEASED:	
••••••	state Maryland			
d give nearest town)	Teffennes	M	e RURAL and give n	
	Street No(If r 2.(a) If veteran, name war	rural, give LOCA ONO	TION)	
ITTED		3.	(b) Social Securit	y Number
LLER				
widewed, or divorced	MEDIC	CAL CERT	IFICATION	
	2D. DATE DF DEATH	pril 8	3th, 19 46	at 6:25A
glve ageyears	21. I CERTIFY that death occurred on t	1946	, to 47	4 1,46
than one day				DURATION
	Immediate gyse of death			
hrsmin.	4 Decouf			
Maryland	Due to			
Maryland	Dther conditions		of death)	
Maryland	Major fiadings of operations			
***************************************	Autopsy results	anse to which de	eath should be charge	d statistically.
/10/46	22. VIOLENCE: It death was due to	external causee, fl	ll in the following;	
month) (day) (year)	Accident, suicide, or homicide		Date of	
ry	Where did injury occur?(City			
land	Injured at home, farm, industry, public			
and Son	Means of Injury	()	tnjured at work?	
land	(N)	X	Trico	M. D.

Jefferson, Maryland

VS A15

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

important.

PLAINLY, V is especially i

PLEASE WRITE

FOR BINDING

MARGIN RESERVED

4. Sex

M

7. Rirth date of

8. AGE:

deceased (mo., day, yr.)

1D. Usual occupation...

11. Industry or business

13. Birthplace

14. Maiden name...

Burial

Cemetery or erematory.

(Date rec'd by registrar)

18. Funeral director.

Address

(Burial, eremation, or removal, Which?)

14. Maiden na 15. Birthplace

16. Informant. Address

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APR 11 1946

BURLAUVE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9404

CERTIFICATE OF DEATH

03759

	5		1 4/17
	Rev.	Diat.	No. 140
100			

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race b.(a)Single, marring, widowed, or divorced 1. Single, marring, widowed, widowed, or divorced 1. Single, marring, widowed, w	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8. AGE: Years Months Days It less than one day 6. G. J.	Immediate cause of death
9. Birihplace (Town, county, and state) 10. Usual occupation	Due to
15. Birthplace Frederick C. 24d. 18. Informant Maris M. Derr	(Include pregnancy within 8 months of death) Major findings of operations Date of op.
Address Woods or . 24. 17. Bale thereof month) (day) (year) Cemetery or crematery.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Location Location Lyd 18. Funeral director Boull & Hartyler Address 21000lsboro 240l	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE
19. ————————————————————————————————————	Address arrelles MA Date signed JAAIT 41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03760

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn to ants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	110.1.1.
How long in ebote piace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
1 1/2/20 25/4	(If rural, give LOCATION)
now long in noopital of destinations	2.(a) If veteran, name war
3. (a) FULL NAME Jolew Marshall o	Social Security Number
4. Sex 5. Color or ran 6.(a) Single, married, widowed, or discrete	MEDICAL CERTIFICATION 38-
made winty nelsoner	20. DATE OF OEATH OFTIL 14 19 46 at 1 A. M
8.(b) Name of bushom or wife Forus a Catherine Smutle	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
Angeral	Mu, 184 - 19 46, 10 Report 14, 1946
7. Birih date of July 2 The Strip date of The St	authat I last saw h water on april 13/ 1996
deceased (mo., day, yr.) 8. A.G.E.: Years Months Pays I fless than one day	Immediate cause of death DURATION
00 1/ 1/	Same myscardiles 3720+
A STATE OF THE MINISTER OF THE	
8. Birthpipe (Collaboration (Town, seamty, and state)	Oue to
10. Usual occupationattle Sealer - Butcher	
	Oue to
11. Industry or business	
12. Name Skaud Sorrey 13. Birtinachurant Frederick & Old.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden named still Haspillanus	Major findings of operations.
\$ 15. Birthologo Great Thedy Co. Mayland	Oate of op.
16. Informant Daig inio Ledie	Autopsy results
Address merseice Hors - Trederiels Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Beal 21 /1 (11 - 17 194)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Wmch?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematury 24th Toke	Where did injury occur?
Location Ilvolsboro 24d.	Injured at home, farm, Industry, public place (where?)
Pall 11 the	Means of Injury Injured at work?
18. Funeral director	7 -
Address alvodoboro Md.	23. SIGNATURE. BOOK
10 15 april 1946 Elisabeth & Heck.	M. D. or other
(Date rec'd by registrar) Registrar	Address the decide the Date signed That the



2411 N. Charles St., Baltimore 18-6.

03761

1 20

			CERTIFICA	ATE OF DEATH	Reg. Dist. No	139
Hospital, institution, or Maryland How long in hospital or	Fred to Same to to the state of the same to the state of the same to the street address where Tubercu sinstitution? Sin	death occurre	Maryland Waryland RURAL and give nearest town) 15/45 Sana torium 15/45	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State Maryland Co City or town Baltimore (If outside city or town limit Street No. 133 S. Spring (If rural, give 2.(a) If veteran, name war.	a, write RURAL and give	nearest town)
3. (a) FULL NAME Floyd	Dubchuk				3. (b) Social Securit 218-10-2	
Male	5. Color or race White	1100000	e, married, widowed, or divorced	MEDICAL C 20. DATE OF DEATH April 29	ERTIFICATION	6 ,a 6:05P M
	, April		c) If alive, give ageyer .887 If less than one day	ars 21. I CERTIFY that death occurred on the date ab May 15	45 % April ril 29	29 19.46 19.46 DURATION
9. Birthplace Russia (Town, county, and state) 10. Usual occupation Ship worker				MKK Pulmonary Tubercu	losis	12 Mos.
11. Industry or business 12. Name	Russia	a Bul	`a	(Include pregnancy within 8		
16. Informant	Decease	d		Antopsy results		ed statistically.
17(Burial, cremation, Deliver C	or removal. Which?) od to: Un	ivers	eity of Maryla	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(County)	(State)
18. Funeral director	M. L. CI Thurmont	eager , Mar	& Son	Means of injury 23. SIGNATURE	injured at work?	D. J.

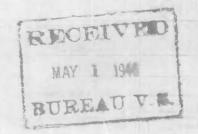
WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, I is especially

RESERVED FOR BINDING

MARGIN

Moltabers



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

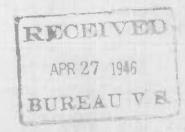
2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03762

131 Reg. Dist. No.

1. PLACE OF County Fre	derick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Frederick City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 410 South College Parkway			
Now long in above :	lace of death? Li	fe	FRAL and give nearest town)				arest town)
	n, or street address when Prick City	Hospi Hours	tal	(If rural, a	give L	OCATION)	•••••••
3. (a) FULL N	AME	LUCIA	N EBERT	3. (b) Social Security Number			Number
4. Sex	5. Color or race		married, widowed, or divorced	TATE DIGITAL TO THE PARTY OF TH	CEI		
M	W	0.(2)01118101	M .			25th, 1946	1:06P
8.(b) Name of husband or wife Mary Blanche Dertzbaugh 8.(c) If alive, give age 65 7. 8irth date of deceased (mp. day yr.) October 5, 1880				21. I CERTIFY that death occurred on the date	.19	La to Deferran	
8. AGE:	rears Months 65 6	Days 20	If less than one dayhrsmin.	Immediate cause of death.		detation	DURATION 18 Page
1D. Usual cecupat	Presid	lent Ice Cr	ck-Maryland ate) eam Company	Due to. Plany for Law	- L		Feary
12. Name	Frederic		ty Maryland	Other conditions			
14. Malden n	Emma S Frederic	staley k Coun	ty Maryland rt	(Include pregnancy within			•••••
			rt kway,Fred'k,Md	Autopsy results			statistically.
	al	Date there	t Cemetery	22. VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur?		Date of	(State)
Location	Frede		Maryland	Injured at home, farm, Industry, public place		re?)	•••••
18. Funeral direct	M. R.	Etchi	son and Son	Means of Injury		Injured at work?	
Address	Frede	rick,	Maryland	23. SIGNATURE ADDITION	2	naz	M. D.
19. 2 6 Cr	y registrar)	13.	rabella J. Heck.	Address Frederick, Ma	ary		4-26-46



N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

03763

CERTIFICATE OF DEATH

1. PLACE (Frod	erick		2. USUAL RESIDENCE (HOME) (For newborn infants give residence r	OF DECEASED:	
County		Fred	രയാ വിട—	Rural	State Maryland County Frederick		
City or hard	(lf out	ide city or town li	mits, write R	URAL and give nearest town)			
How long In abo	ve place of	death?5	6 yrs.		City or town Frederick (If outside city or town lim	its, write RURAL and give n	earest town)
Hospital, Inslit	ulion, or si	reet address where	death occurred	•	Street No. 623 Park	Place	
	<u>B</u>	mergency			(If rural, gi	ve LOCATION)	
How long in he	spital or in	stitulion?	8 W	eeks	2.(a) It veteran, name war		
3. (a) FULI	NAME					3. (b) Social Security	y Number
		J	ENNIE	VIRGINIA FOGLE		NONE	
4. Sex		5. Color or race	6.(a)Shigh	, married, widowed, or diversed	MEDICAL (CERTIFICATION	
Femal	e	White	Wie	dowed	20. DATE OF DEATH	13th. 19 46	8:55p.m
R (b) Name of	hueband or	Mars	hall H	• Fogle	21. I CERTIFY that death occurred on the date a	above stated; that I attended do	ceased trom
0,(0) 1481110 01	na spana or	***	0.4	A 14 - 11 - 1 - 1 - 1	7 et 20	9.46 10 April	13 19 46
T. Birth date o	t	~		e) It alive, give ageyears	and that I last saw h. Calive on	pril 13	194.6.
deceased (m			ber 1	3-1869 I It less than one day	Immediate cause of death	······································	DURATION
8. AGE:	Years	Months	Days	PATE STEEL STEEL	Arterio-sclerotic		5 years
	76	4	0		Vascular dis	rease	
9. Birthplace.	F	rederick	Co. Me	d •	Due to		••••
		Houseke	comment a man n	oute,			of 600 processes
10. Usual occi	upation			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to	••••••••••••	***************************************
11. Industry or							
12. Name.	<u>I</u>	Clias Ren	ner		Other conditions	***************************************	
13. Birthp	lace I	rederick	Co. M	d	(Incinde pregnancy within		
M 44 Maida	n name	Elizab	eth Du	sing			
14. Malde	n name	Fred	محث ماد	Ca Ma	Major findings of operations		
						Date of op,	***************************************
16. Intermant.	Mrs	. Elmer L	. Stoc	kman	Antopsy results	. It I I al about he about	A statistically
Address	Fred	derick, M	d.				d statistically.
Bur	rial		Data than	Apr. 16-1946	22. VIOLENCE: If death was due to external		40
(Burial, cr	emation, o	removal, Whichi	pare there	ot Apr. 16-1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or	Cremistery.	Frederi	ck Mem	orial Park, Inc.	Where did injury occur?(City or town	i) (County)	(State)
Location		West of	Frede	rick	Injured at home, farm, industry, public place		
16. Funeral di	rector	C.E.Cli	ne and	Son	Means of Injury	Injured at work?	
Address		Frederi			10. I	House 1	Zuch
110	. 0		30	. 1 m le 1 0	23. SIGNATURE COMMANDA	M. D	or other
19. Date rec	by regis	19.34 L		Registrar	Address Tredeuch, h	rd Date signer	1 pril 6, 1946

PARTY OF THE PROPERTY AND STATE OF ANY MAN

CURTIFICATE OF DEATH

APR 18 1946

03764

Reg. Dist. I	No. 131
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2. USUAL RESIDENCE	E (HOME) OF DECEASED:	
		1 .
State Mid	County Free	er of
City or (If outside	le city or town limits, write RURAL and	l give nearest town)
Street No. 13	3 W. all S	ant s/
	(If rural, give LOCATION)	
2.(a) If veteran, name war.		
0 . 1	3. (b) Social S	Security Number
ederich	220	0-01-06
4	MEDICAL CERTIFICATION	ON
A	hix 1911.	96 11/2
2D. DATE OF DEATH.	curred on the date above etated; that at	Aded deceased from
21. I CERTIFY THAT BEATH &	14 14/ 10 A /	19606
and that I test eaw h.	117. 110	8 6
Immediato cause of death	7	DURATION
The state of the s	20 1/00 100	2 3 rues
Lbu	we will	VLL 1001
	Alan PINA	Mr. Dy
Due 10	we my	
Due fo		
,		***************************************
Other conditions	***************************************	
(Include	pregnancy within 3 months of death)	
Major findiogs of operation		
major munoge or operate	Date of	0.0
•••••••••••••••••••••••••••••••••••••••		vp
Autopsy results PHYSICIAN: Please unde	erline the cause to which death should b	e charged statisticsly.
	was due to external causes, fill in the follow	
	ide Date	
where did injury occur?	(City or town) (County	(State)
Injured at home, farm, ind	ustry, public piace (where?)	
Mason of Johnson	Injure# at	

23. SIGNATURE

Address..

A15 SA WRITE

PLEASE

18. Funoral director.

(Dato rec'd by registrar)

Address

RECEIVED

APR 23 1946

BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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FOR BINDING

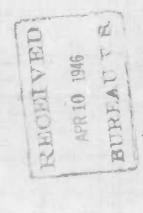
MARGIN RESERVED

03765

CERTIFICATE OF DEATH

131

				Reg. Dist. No	
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County Frederick	_ 9	***************************************	Manuland Frederick		
City or term Pederi	CK or town limits, wi	rite RURAL and give nearest town)	State Coun	ly	
How long in above place of death?			City or tawas (If outside city or town limits,	write RURAL end give nearest town)	
Hospital, Institution, or street addre	ss where death oc	curred:	Street No. 131 East Third	1 Street	
Frederick U	ity Hos	pital	(If rural, give I	OCATION)	
How long in hospital or institution?.	2 Da	LYS	2.(a) If veteran, name war None		
3. (a) FULL NAME				3. (b) Social Security Number	
GEO	RGE WII	LIAM FREEMAN		None	
4. Sex 5. Color or	race 6.(a)	Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M W		M	2D. DATE DF DEATH April	8th, 19 46 at 8 A	
6.(b) Name of busband or wife	Cora I	iller	21. I CERTIFY that death occurred on the date above	ll a	
O'(A) LINIE OT MARGINE OL MILE	************************	60		LG Q WALLS	
7. Birth date of	gust 26	6. 6.(c) If alive, give age 60 years	and that I last taw h. M. alive on	19:4	
			Immediate cause of death	DURATION	
8. AGE: Years Month	7 12		- A		
			Ormay Inc	morais 2 Da	
B. Birthplace Mount A	Ito, Pe	nna.	Due to.		
	(lown, county,	and state)			
10. Usual occupation	0		Due to		
11. Industry or business					
12. Name John Fr			Other conditions		
	Unkn	nown	(Include pregnancy within 3 me		
H 14. Malden name Ida	Pogue				
14. Malden name Ida 15. Birthplace		Inknown	Major findings of operations		
16. Informant Mrs. Co				Bate of op	
			PHYSICIAN: Plesse underline the cause to whi	ch death should be charged statistically.	
		Frederick, Md.	22. VIOLENCE: If death was due to external caus		
Burial (Burial, cremation, or removal	Date	e thereof 4/11/46	Accident, suicide, or homicide		
Mo	_whichij	(month) (day) (year)			
odinetely of evernatory	010010000000000000000000000000000000000	.,,	Where did injury occur?(City or town)	(County) (State)	
Location	ederick	, Maryland	Injured at home, farm, industry, public place (whe		
18. Funeral director	R. Etc	chison and Son	Means of Injury	Injured at work?	
Address Fr	ederick	, Maryland	41.70	Ma Da	
9000:0		Elisabeth J. Hock	11,	M. D. or other	
19. (Date rec'd by registrar) (Date rec'd by registrar) (Registrar)			Address Frederick, Maryland Date signed 4-9-46		



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03	766		
Reg.	Diat. No.	/3	4

			Keg. Diat. No	
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
			" The state of t	
		imits, write RURAL and give nearest tewn)		
		rains)
	or street address where		Street Na. 205 Brat Main Street	1000000000000
		Uraet		
			2.(a) If veteran, name war	
3. (a) FULL NAI	ME		3. (b) Social Security Number	
	ann		None	
I. Sez	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Pemale	"bite	Widowed	20, DATE OF DEATH ADMIT 19, 1946 19 at	
(A) Non- of Lock-	don't	nelius Gelvicks	21. 1 CERTIFY that death occurred on the date above stated: that I prended Accessed from	./
			1935 19 10 CM NO 18 1	9.46
7. Birth date of			and that I last saw h Of alive on	94
deceased (mo., day		ber 16, 1963	Immediche cause of death	NATION
3. AGE: Yea			(won ard pactusion 1/	0
	32 4	2m	- I	ou
9. Birthplace	(Town	County, maryland	Due to Appertusion	7
		Varian	and perela	·
			Due to	11
11. ladustry or busing	anes /.	lder		
12. Name	Tuelonio	le Consta, waryland	Other conditions.	******
⊇ i 13. Birthplace ≚i	Franchic	files on	(Include pregnancy within 3 months of death)	-
14. Malden nam	efr nc93	Trson County, Mary Land ph W. Wivell	Major findings of operations.	
15. 8\rthplace	Frederick	County, Jar lind	Date of op.	
16. Informant	Mrs. Jase	ph W. Wivell	Autopsy results	
Address	mils ore!	Md.	PHYSICIAN: Please underlies the cause to which death should be charged statistically	y
17			22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, crematic	on, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crema	atory St. JC	serh's Cometery	Where did injury occur?	
Location	ritsburg,	<u> </u>	tnjured at home, farm, Industry, public place (where?)	
	1 9	allison	Means of Injury tnjured at work?	
18. Funeral director.			(1000)	-
Address	itaburg,	Maryland 00	23, SIGNATURE WIT Caule ML)
" apri	819,046	III To Aluis	23. SIGNATURES M. D. or other M. D. or other M. D. or other	0
(Day and Jones	and the same of th		But along / /AL I/A (V) / Date along 4 1/	1/2 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: Trederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn trants give residence of mother) State State
(If outside eity or town Amits, write RURAL and give nearest town) How long in above lace of death? Hospital, institution of street address where death occurred. How long in hospital or institution?	City or teas (If outside city or yown lispits, write RYRAL and live nearest town) Street No. 24 A Control Sauce (If rural, give LOCATION) NONe 2.(a) It referan, name war
3. (a) FULL NAME Heury Richard	2. (b) Social Security Number None
4. Sex Solor or rule S/a) Single, married, widowed, or divorced S	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 4 7 N
8,(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. 8. AGE: Months Days If less than one day	and that I fast saw h. It alive on Assault 49, 19 TO. Immediate cause of death. DURATION
9. Birthplace Medical Medica, Thoughted (Town, county, and state) 10. Usual occupation	Due to
11. Industry or business 12. Name Aller Jennie 13. Birthplace Worth ormer a Mandard	Other conditions
14. Maiden name Rystea Virgit Boure 1 15. Birthpige Wellrich Concert Marlaced	(Include pregnancy within 8 months of death) Major findings of operations.
18. Interment Inquies Ledie /	Antopsy results. Onto op. Onto op. Onto op. Ontopsy results.
Burial Date thereot 4/22/46/ (Burlal, committee, or commit	Accident, suicide, or homicide
Location Centerville-Ijamsville, Md. R. D.	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?
Address Frederick, Maryland	23. SIGNATURE M. D. or other
19. 20 april 19.4 Elizabeth J. Hech. (Date rec's) by registrar) Registrar	Address Frederick, Maryland Bate signed 4-20-46

RECEIVED APR 23 1946

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

03768

					atoga at att a 100 million mil			
1. PLACE OF		Frede	erick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	Twade	مرث ماء	10,, , , , 7	***************************************	state Maryland county The Levill			
City or town	If onteido	ity or town	imite write P	:URAL and give nearest town)				
How long in above p	ace of deat	12 Lij	Cetime		Elly co town Frederick - Rural (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution	or street	Senicas Mileic	ecam occurred	l:	Street No. 1 mile West of Frederick			
		Monter		***************************************	(If rurai, give LOCATION)			
How long in hospita	l or institut	ion?	9 yrs.		2.(a) If veteran, name war None			
3. (a) FULL NA	ME				3. (b) Social Security Number			
		CHARI	LES WI	LLIAM GEPHART	None			
4. Sex	5. Coi	or or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male		White	S	ingle	20. DATE DF DEATH April 13th. 19 46 at 6:30p.			
B.(b) Name of husb	and or wife		1137104		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
					Jan 1946, 10 April 13 1946			
7. Birth date of				e) If alive, give ageyears	and that I last saw hi. wa alive on Afril 1 3 19			
deceased (mo., de			nber 7-		Immediate cause of death			
8. AGE: Y		fonths	Days	If less than one day	Terminal Broncho-Preumonia 3 day.			
	91	5	6	hrsmin.				
9. Birthotace	Frede	erick (County	Maryland	Que to Auterio-sclevosis, advanced longer			
		(Town,	county, and a	tate)	General debility			
10. Usuai occupatio	n 1']	nner			Bue to			
11. industry or bust		13 15 1						
12. Name	Solo	omon A.	Gepha	rt	Dther conditions			
13. Birthplace		reder	ick Co.					
		Lou	isa V.	Rice	(Include pregnancy within 3 months of death)			
14. Maiden na 15. Birthpiace	me		*****************	***************************************	Major findings of operations.			
		-		k Co. Md.	Date of op.			
18. Informant	Record	ds Mon	tevue H	ospital	Autopsy results			
Address .	l mile	West	of Fre	derick, Md.	PHYStCIAN: Ptease underline the cause to which death should be charged statistically.			
					22. VIOLENCE: tf death was due to external causes, fill in the following;			
17 Buria (Burtat, cremat	ion, or rem	eval. Which?	Date there	enf April /7, 46 (month) (day) (year)	Accident, suicide, or homicide			
Cometers or see		Mount (Olivet	Cemetery	Where did injury occur?			
Location					Injured at home, farm, Industry, public place (where?) Means of thiury thiured at work?			
18. Funeral directo	r(J.E.CL	ine and	Son	means of injury injured at work?			
Address	1	Freder	ick, Ma	ryland	22 SIGNATURE Bernard Homas 42- M. P.			
1100	0		CU	· Dan le Hada	23. SIGNATURE SUMMEN O COLORS			
19. 6. 4.	Name of the sale	19.4.6		Registrar	Address Frederick and Date signed Houl 6,19			

APR 18 1946
BURLAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 64 CERTIFICATE OF DEATH Reg. Dist. No. / 4 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL, and give nearest town) How long in above place of death?..... Hospital Justitution, or street address where death accurred: (If rural, give LOCATION) information of death clea How long in hospital or institution? 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... B.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Immediate cause of death 8. AGE: If less than one day MARGIN RESERVED 9. Birthplace..... (Town, county, and state) 10. Usual occupation.... 11. Industry or bustness ₹ 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... E 15. Birthplace PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide..... Where did Injury occur? (County) (City or town) Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?

APR 25 1946
BUREAU V. S.

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PLEA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

0377013 | Reg. Diat. No. 013 |

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County S County	(For newborn infasts give residence of mother)
City origin Trederich Mural	State Maryana County of Manuelle
(If outside city or town limits, write RUKAL and give nearest town)	1 salalora
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	611 N
Merylley Anfalal	Street No
How long in hospital or institution?	70.000
now long in notation of management of the contract of the cont	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vlorgia Callerin	, Julian nome
4. Sex 5. Color or race 6.(a) Ingle, married, widowed, or disocced	The same of the sa
Laurela and I bill	MEDICAL CERTIFICATION / 45
general valle surge	20. DATE DE BEATH OLING 19 46 at 19 46
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that deepended deceased from
	BULLETT 19 To to Taret 19 19 70
7. Birth date of	and that last saw h Malive on Daul 17 19 16
deceased (mo., day, yr.) Sully 13, 1850	Immediate cause of death DURATION
8. AGE: Years Worths Days If less than one day	Terminal Bernelis - hueumonia week.
95 91 2 min.	J. M. Marian M. M. Marian M. M. Marian M.
- XIII TO TO	
9. Birthplace Mearica County Maryand	Due to Arterio-sclerosis, advanced 10 years
(Town, county, and state)	
10. Usual occupation	
11. Industry or business	Due to
WI WILL THE STATE OF THE STATE	
13. Birthplace Man land	Other conditions, Hemi Plegia 34ears
13. Birthplace Me Mac Lauce	Fracture neck of femur, left. 2 years
# Cathorene Zinhan comman	(include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations.
14. Maiden name Catherine Jishmerman 15. Birthplace / Bespessioner	Date of op.
X // 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
16, Informant	Antupsy results
Address Klera Cup Hosp Tilkle. Thanker	
BY IN DR 10 levi	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Barlal, Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or ending	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
11/ - 11/1:41:	Means of Injury Injured at work?
18. Funeral director	minima di marki
Address	3. 1 H. Oh
Musicas Marian Anna Anna Anna Anna Anna Anna Anna A	23. SIGNATURE Dermord Munua 2 19
10 18 april 10 46 Elizabeth 4 Hech	M. D. or other
18. And the state of the state	To of orich and Hhad & 4



2411 N. Charles St., Baltimore

03771

CERTIFICATE OF DEATH

139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town State Sana to rium, Mary land (If outside city or town limits, write RURAL and give nearest town)	state Maryland County
Since 1./1/1.6	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death? 1100 1100 1100 1100 1100 1100 1100 11	Sireel No. 1407 N. Washing ton St.
Maryland Tuberculosis Sanatorium	Street No. (If rural, give LOCATION)
How long in hospital or institution? Since 4/1/46	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry Grauling	21.7-03-0764
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH April 20 19 46 at 12:20 1
Wife Irene Grauling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 48 years	April 1 19 46 16 April 20 19 46
T. Birth date of	and that I last saw h im alive on April 20 19 46
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day	Immediate cause of death
o. Adu.	Pulmonary Tuberculosis 88 mos
9. Birthplace Bel ti more, Maryland (Town, county, and state)	Oue to
Elevator one rator	
10. Osuai occupation.	Oue to
11. Industry or business William J. Grauling	
14. Raing.	Other conditions
3 13. Birthplace Bal timore, Maryland	(Include pregnancy within 3 months of death)
E 14. Malden name. Henrietta Bausch	Major findings of operations
14. Malden name Henrietta Bausch 15. Birthplace Baltimore, Maryland	Date of op.
16. Informant Deceased	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hizula	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltinuare Ceme.	Where did injury occur? (City or town) (County) (State)
Roltiness no	Injured at home, farm, industry, public place (where?)
Location Location	Misnes of injury this work?
18. Funeral director of the season of the se	0 / 6
Address Thesemont, Md.	R W. Balling.
4/20/11	23. SIGNATURE M. D. okologe
(Date rec'd by/regratrar)	Address State Sana to ri um, Md. Date signed 4/20/46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly IARGIN RESERVED WRITE PLEASE A15 VS

FOR BINDING

The correct age

APR 23 1946 BUREAU V.S.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

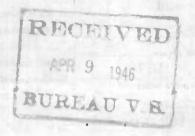
03772

CERTIFICATE OF DEATH

See Dist. No. 144

1. PLACE OF DE	Frederick	ζ.		Street No.		
How long in above place Hospital, institution, or	of death? 50 street address where					
				(If royal, give	e LOCATION)	
3. (a) FULL NAMI	Ē	Sarah Ann I	Hahn		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, married, widow	ed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Widowed	i	20. DATE OF DEATH April	5, 1946	9:20A:M
8.(b) Name of husband 7. Birth date of deceased (mo., day, y	To be seen	ge W. Hahn 5.(c) Hallve, give ag ary 14, 1	geyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8. AGE: Years		Days If less than c	one day	Immediate cause of death thou	loses	DURATION Sday
10. Usual occupation	Ret	, Frederick county, and state) ired		Bue to.	nos derrain	241.
12. Name		Gray		Other conditions	•••••••••	***************************************
13. Birthplace		wn, Md.		(Include pregnancy within 3 a	months of death)	
14. Maiden name 15. Birthplace		vn, Md.		Major findings af operations		
	Mrs. Pie	erce Rice.		***************************************		
16. Informant	Lewistov	******************************		Antopsy results		
Buria (Burial, eremation,	al orremoval.Whieh?) or Lewist Lewist M. L. C	Bate thereof Apri (month town Cemete: town, Md. Creager & So	ry	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)
19. Open I	C 1946	01 1	L. S. Eylla Wegistrar	23. SIGNATURE James Address.	frag his M. D. out had Bate signed	or other

CERT HICKSTE BE BIATE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

131

		CLICITICA	Reg. Dist. No
City or to Fr How long in above pl Hospital, Institution, Freder How long in hospita	derick ederick foutside city or town ace of death? or street address where ick City or institution?	imits, write RURAL and give nearest town) death occurred: Hospital 2 Hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Frederick City or the Froderick (If outside city or town limits, write RURAL and give nearest town) Street No. 642 Trail Avenue (If rorel, give LOCATION) None
3. (a) FULL NA		L E. HOLTZ, JR.	3. (b) Social Security Number None
4. Sex M	5, Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 18 19 46 21 11 30 A
7. Birth date of deceased (mo., da	y, yr.) Nove		ars and that I last saw h J. 7 are on DURATION
O. AGE.	Months 15 4	Days If less than one day 17m	
10. Usual occupation	Stud Stud Publ Carl E. H	ic School oltz, Sr.	Due to
14. Malden nat	Kathry Frederic	k County Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Addres 642 17. Buri (Burial, gramed Cemetery or createry or createry or createry)	Trail Av	e., Frederick, Md. Date thereof 4/21/46 (month) (day) (year) eformed Cemetery -Frederick, Md. Rura Etchison and Son ick, Maryland	Means of Injury 7 7 Cal wife Injured at work? A Deputy Medical 23. SIGNATURE P.W. Ban Examiner M. D. or other

VS A15

MARGIN RESERVED FOR BINDING

RECEIVED

APR 23 1946

BUREAU V.B.

Registrar Address Frederick, Maryland

03774

4-26-46

	•	CERTIFICAT	TE OF DEATH Reg. Dist. No.	131	
How long in above place Hospital, institution, or Frederi	and and ale	leath occurred: Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederic City or town: Frederick (If ontside city or town limits, write RURAL and give Street No. 337 East Third Street (If roral, give LOCATION) 2.(a) If veteran, name war. None	nearest town)	
3. (a) FULL NAMI			3. (b) Social Securi		
		AM CULLER HOWARD	None		
4. Sex	5. Color or race	6.(a)Single, married, wildowed, or divorced M	MEDICAL CERTIFICATION April 25th, 19 4	6 at 4 A M	
	Januar Months	nor Hargett 5.(c) It alive, give age 75 y 16, 1870 Days It less than one day 19 hrs. min.	Immediate cases of death		
	Frederi Retir		nd _{ue to} marked arteriosclerosis with chronic nephritis	4/21/40	
12. Name. Will 13. Birthplace F	lliam H. rederick	County Maryland	Other conditions (Include pregnancy within 3 months of death)		
14. Malden name. 15. Birthplace	Ellen rederick	Culler County Maryland	Major fiadings of operations		
1B. Informant	3. Eloan	. Frederick. Md.	Antopsy results	ged statistically.	
17. Burial (Burial, exemution) Cemetery or exempte	Mount	Date thereof. 4/27/46 (month) (day) (year) Olivet Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,		
Location	Freder	ick, Maryland	Injured at home, farm, industry, public place (where?)		
1B. Funeral director		Etchison and Son ick, Maryland	Meens of Injury Injured at work?		
Address	· D	00.0	OD CIOMATURE	M. D.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

19. De Christian)
(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

APR 27 1946
BUREAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. 1	Diat	t. N	lo.		1	39	

CE	DTI	ETA	~ A	TE	OF	DE	ATH
U.P.	KII	1 1 1 1	.A	1 1.	OF	176.	$\mathbf{A} \mid \mathbf{H}$

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. State Sana tori um. Maryland (If outside city or town limits, write RORAL and give nearest town) How long in above place of death? Since 3/13/46 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana tori um How long in hospital or institution? Since 3/13/46	State. Maryland City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1700 W. Fayette St. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Alice Elizabeth Hunter	212 -09-0530		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH April 17 19 46 at 7:20 A		
6.(b) Name of husbandKokee William M. Hunter 6.(c) It alive, give age 52 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 19.46 April 17 19.46		
7. Birth date of deceased (mo., day, yr.) August 19, 1904	and that I last saw her alive on April 17		
8. AGE: Years Months Days If less than one day 41 7 29 hrsmln.	Pulmorary Tuberculosis of death OURATION Pulmorary Tuberculosis 11 Yrs		
9. Birthplace	Tuberculosis of Right Hip 6 Mos Due to		
14. Malden name Lola Harris 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major findings of operations		
10. Informant	Antopsy results		
Address 1700 W. Fay ette St., Balto., Md. Unknown Buriel (Burial, cremation, or removal. Which?) Cemetery or crematory Unknown Baltimore, The	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
1B. Funeral director M. L. Creager & Son	Meens of injury Injured at work?		
Address Thurmont, Maryland	20 SIGNATURE R. W. Baccin		
19. (Dake receipt by registrar) Registrar	23. SIGNATURE M. D. Sales M. D. Bracker Address State Sana to ri um, Md. Date signed 4/17/46		
(Date rec'd by registrar) Registrar	Address Dod Do Dalla DU 11 Ullis Mille Date signed 4/ 1/40		

Renderd ok

APR 18 1948

CERTIFICATE OF DEATH

03776|3|

	OZICA II I OI	Reg. Dist. No
1. PLACE OF DEATH: Freder CountyFreder City or to (If outside city or town limit How long in above place of death?	ICK ts, write RURAL and give nearest town) 4 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Winfield (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street, address where dea Frederick City How long in hospital or institution?	y Hospital	Street No. R.D. Westminster (Afrural size LOCATION) WORLD WER 11
3. (a) FULL NAME	HARLES ELMER JEN	3. (b) Social Security Number 216-10-8086
Male White	6.(a)Single, married, widowed, or diverses Married	MEDICAL CERTIFICATION 20, DATE OF DEATH AN / 18 K at / P. N
	rine L. Jenkins 6.6 Hallve, give age 36 0V. 5, 1909	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months 5	Days If less than one dayhrs.	
9. Birthplace	unty, and state)	Due 10.
Charles	Fender Works S. Jenkins	Due to
Ma: Maiden name Annie M.	ryland Kauffman	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Ma	ryland ne L. Jenkins	Major findings of operations. Date of op.
Address Wes	tminster, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematery Bethel	Date thereof 4-14-46 (month) (day) (year) Church of God	Accident, suicide, or homicide
Location Winfield, Car 18. Funeral director	. M. Waltz	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address	infleid, Md.	23. SIONATURE. M. D. or other
19. Lacril 19. 4 L. (Date rec'dly registrar)	Regist	rar Address Date signed Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

RUREAU V.S.

(Date rec'd hy registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

03/11/54 Reg. Dist. No./54

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
City or town St Anthony S - rural (If outside city or town limits, write RURAL and give nearest town)			state Maryland County Frederick				
			URAL and give nearest town)	C+ 1	Anthony	s, Md.	
	e of death?r street address where	******************	***************************************	City or town(If outside cit	y or town limits,	write RURAL and give	nearest town)
nospital, institution, o	I street augress where	geath occurren		Street No	(If rural, give	LOCATION)	ulf
Yew lare to beautiel a	or Institution?		***************************************	2.(a) If veteran, name war	No No	EUCATION)	
			***************************************	2.(4) It veteran, name war	***************************************	1 - 41 - 12	
3. (a) FULL NAM		Tore	tta Keepers.	ALVERT MR. T		3. (b) Social Securit	y Number
						None	
4. Sex	5. Color or race	b.(a)singi	e, married, widowed, or divorced	ME	DICAL CE	RTIFICATION	
Female	White		Married	20. DATE OF DEATH	April	2, 1946	at 2 A: M M
O (b) Name of husband	Geor	ge Ed	ward Keepers	21. I CERTIFY that death occurre			
6.(0) wante of nusualiu	Of Mile	114	c) If alive, give age	Jan 24"	19	5, to	L/11956
T Di-th date of				and that I last saw h	ve on	u 15-11	19.54.6
	yr.) September			Immediate cause of death			DURATION
8. AGE: Year		Days	If less than one day	Cardiac &	ranati		3 days
76		24	hrs,min.			gg	
9. Birthplace	Emmitsbur	g, Fr	ederick Co. Md.	Due to Greaser	paral	ysis of oly	
	(Town.	county, and (state)	Jusame			1 year
10. Usual occupation.	Retir	eu	***************************************	Due to Chronice an	tiral S	chrosis	5-4can
11. Industry or busines					*************************	***************************************	
12. Name	Ephriam			Other conditions	. 4		
13. Birthplace	Emmitsbu	rg,	Md.				
14. Maiden name	Elizabet	h El	der.		nancy within 3 m		
LO 14. maivell liame	Emmitsbu		Md.	Major findings of operations	******************		
≥ 15. Birthplace					••••	Date of op	
16. Informant				Antopsy results			
Address	Emmitsbu:	rg, M	d.				ed statisticany.
Bur:	ial	Date ther	eof April 4, 1940	22. VIOLENCE: If death was du			
(Burlal, cremation	n, or removal. Which?)		(month) (day) (year)	Modification of the monitore and			
Cemetery or cremat	ory. St A	nthon	ув	Where did injury occur?	(City or town)	(County)	(State)
Location	St. A	nthon	y's , Md.	Injured at home, farm, Industry,			
18. Funeral director	M T.		ger & Son	Means of Injury		Injured at work?	
Address	Thurm	ont,	Md. On	m	:1	(D:1	2
" (ahri)			M. F. Alexa	23. SIGNATURE MOT	10000.	M. I), or other



2411 N. Charles St., Baltimore /3

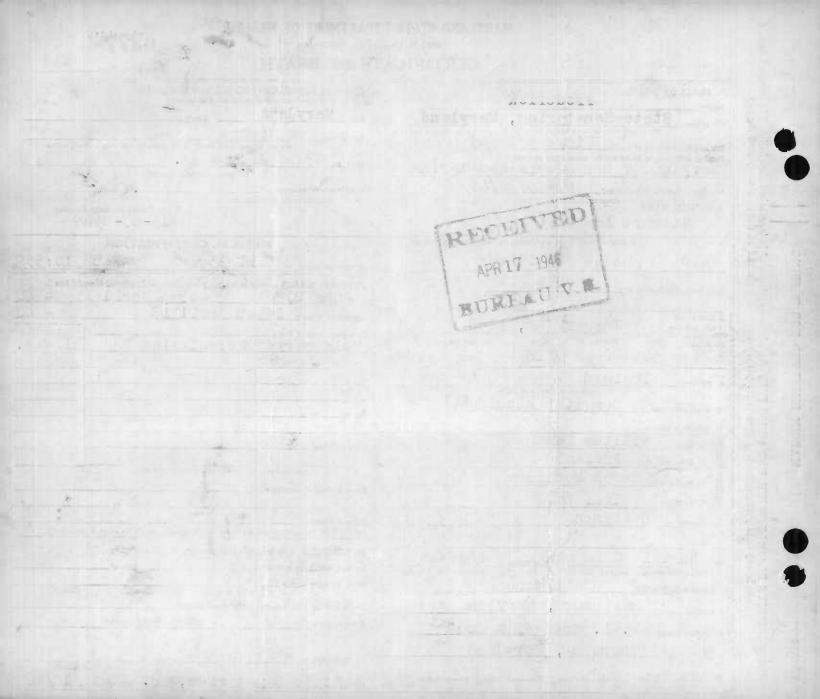
CERTIFICATE OF DEATH

		139
Reg. Di	st. No.	 - /

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1321 Hillman St. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME Stewart Law	3. (b) Social Security Number 215-03-8409		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 15 20. DATE OF DEATH. April 15		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 19.45 10. April 1 15 19.46 Immediate cause of death. DURATION		
8. AGE: Years Months Days If less than one day 18	Pulmonary Tuberculosis 11 Mos.		
9. Birthplace	Due to		
16. Informant Deceased Address	Autopsy results		
Buri al (Burial, cremation, or removal. Which?) Cemetery Complex Baltimore Location Baltimore, Maryland 18. Funeral director. M. L. Creager & Son Address Thurmont, Maryland 19. Chateree'd by registrar) Registrar	22. VIOLENCE: If death was due to external ceuses, fill in the following: Accident, suicide, or homicide		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.

CERTIFICATE OF DEATH

3 Reg. Dist. No.

1. PLACE O					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
How long in above Hospital, institution	e place of d lion, or stre ntevu	eath?ti	fetime death occurred	URAL and give nearest town)	0			
3. (a) FULL	NAME					3. (b) Social Security	Number	
		URICE R.				None		
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	W	hite		Single	20. DATE OF DEATH April 29	19.1.6.	at 5:00 P. M	
7. Birth date of		***************************************	6.(c) If alive, give ageyea	Jan. 1 10	16 is shritz		
deceased (mo			ber 23,		- Immediate source of death		DURATION	
8. AGE:	Years 70	Months	Days 6	if less than one day	Coronary thromb	osis	hour.	
	ation			Maryland tate) anger	Due to			
12. Name	Rance Fr	-		, Maryland	Diher conditions Pulmanary the arrected of (Include pregnancy within 3 n		5 years	
14. Malden 15. Birthpla	name			ams tv. Maryland	Major lindings of operations			
		tevueRe	cords		Antopsy results	aich death should be charged		
17. Buri	ial	removal. Which?	Date there	of Mary 2 1946 (month) (day) (year) Cemetery		Date of		
					Where did injury occur? (City or town)			
Location		rederic	k, Mary	land	11		••••••	
18. Funeral dir	ector	C. E. Cl	ine & S	on		Injured at work?	7 .	
18. Funeral director C. E. Cline & Son Address Frederick, Waryland 19. 2 Cline & Cline & Registrar 19. 2 Registrar Registrar					23. SIGNATURE Bernard of Address Frederick W	Hermas J. M. D.	M.D. or other April 29, 194	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



63780

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE O					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)				
				URAL and give nearest town)	State Maryland county Frederick				
	(If outsi	ide city or town li	mits, write R	URAL and give nearest town)	City or town (If ontside city or town limits, write RURAL and give nearest town)				
Hospital, Institut	tion, or stre	eet address where	death occurred	:					
F	reder	cick City	Hospi	tal	Street No(If rural, give	LOCATION)			
How long in hos	pital or ins	titulion? 2	days		2.(a) If veteran, name war. None				
3. (a) FULL	NAME					3. (b) Social Security Number			
	M.	EFFIE I	EASE			None			
4. Sex		. Color or race	6.(a)Single	e, married, widewed, or diversed	MEDICAL CE	ERTIFICATION			
Female	y	White	S	ingle	April 25	1946 at 7:25 P. m			
					A VARAGE II I I I I I I I I I I I I I I I I I				
					(4bii) 21 "				
7. Birth date of				e) if alive, give ageyears		pr 2/4- 1946			
deceased (mo		August			Immediate cause of death				
8. AGE:	Years	Months	Days	if less than one day	0	2 days			
	76	8	20						
9. Birthplace	Fred	derick Co	ounty, and s	Maryland tate)	Due to				
10. Usual occup	ation	Housekee	per		Due to				
11. industry or	business				Due to				
		ert Lease			Other conditions Malegranic	of while			
12. Kame				. Maryland	(Include pregnancy within 5 m				
441			0	m					
15. Birthola	ce Fr	rederick	County	Maryland		Date of on.			
				er					
14					PHYSICIAN: Please nuderline the cause to wh				
Address				Frederick, Md.	22. VIOLENCE: If death was due to external cause	ses, till in the tollowing;			
17. (Barini cree	urial	removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of			
				Cemetery	Where did injury occur?(City or town)	(County) (State)			
Location		Frederic	k. Mar	yland	Injured at home, tarm, Industry, public place (wh	nere?)			
				Son	Means of injury	Injured at work			
Address		Frederic			XXX	o She as			
19. 2 T O		19146	CD	isolottels Hade	23. SIGNATURE	M. D. or other Date signed 27 46			

APR 30 1946
BUREAU

R. FR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11	27	01		121
V	Reg.	Diat.	No	21

1. PLACE OF DEATH: 4 rederick.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County	The same of the same of
(If outside city or town lights, write RURAL and give neurest town)	State County County
	City or town I reflerick
now long in epote place of upath	City or town (If outside city or town limits, write RURAL and give searest town)
Hospital, Institution, or street address where death occurred:	Stroot No. 208 S. Carroll Street
Emergency Hospital	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war none
3. (a) FULL NAME	3. (b) Social Security Number
	Lidie - Sr none
4. Sox 5. Color or race 6.(a) Single, married, widowed, or thereed	MEDICAL CERTIFICATION
m W Widowed	20. DATE OF DEATH april 7 1846 at 4:35-P.
Sallie morrison	21. I CERTIFY that death occurred on the date above stated; that I attended decoased from
6.(b) Name of bushand or wife Sauce Mourason	march 5 18 46 10 April 7 18 46
7. Birth dato of	11.1/2
deceased (mo., day, yr.) august 20-1859	and that I last saw h. J. Ma. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
01 4	Chronic nephritis 10 year.
86 / / / / min.	•
9. Birthplace Frederick Co. Md.	Due to
(Town, county, and state)	
10. Usual occupation Blacksmith	Que lo
11. Industry or business Carriage Horks	oue to
12. Name Joseph Zidie 13. Birtholace Frederick Co. md.	- Other conditions
3. Birthplace Frederick Co. md.	
14 Maldan name Oulia ann Bitzenberger	(Include pregnancy within 3 months of deuth)
E 14. Marketi Hallice	Major findings of operations
To the state of th	Date of op.
18. Informant Coleman J. Lidie . Jr.	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 208 S. Carroll St Frederick- ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 4-10-46	
(Burlal, eremation, or semoval, Which?)	
Cometery or erematery mount alwest Clinelly	Where did injury occur?
location I rederick - mary land	Injured at homo, farm, industry, public placo (where?)
18. Funeral director C. E. Cline and Son	Means of Injury Injured at work?
2	\sim \sim \sim \sim
Address Frederick-maryland	23 SIGNATURE Service Provide 1.
10 & april 1044 Elizabeth & Heck	M. D. or other
(Date rec'd by registrar) Registrar	Address Fredlick, hid Date signed offul V, 19

SURE U 1946

correct age

carefull

important.

especially

PLAINLY

WRITE

SE

(Date rec'd hy registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Address State Sanatorium. Md. opate signed 4/18/46

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick (For newborn infants give residence of mother) State Sanatorium, Maryland State Mary land Charles (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Sinc e 3/18/46 (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium (If rural, give LOCATION) How long In hospital or Institution? Since 3/18/46 3. (a) FULL NAME 3. (b) Social Security Number Edwin F. MacLean 577-10-3684 5. Color or race 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Single 20. DATE OF DEATH ADRIL 17 19 46 at 3:10 Pm 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from B.(b) Name of husband or wife..... 19 46 10 April 17B.(c) If allve, give age 7. Birth date of October 28. deceased (mo., day, yr.) **OURATION** Immediate cause of death tf tess than one day 8. AGE: Pulmonary Tuberculosis 46 20 New York City. N.Y. (Town, county, and state) Stock Clerk 10. Usual occupation... 11. industry or business 12. Name...... 13. Birthplace John Edward MacLean New York (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Margaret Murphy 14. Malden name... Major findings of operations..... New York Deceased 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide..... Unknown Where dld Injury occur? (City or town) Cemetery or crematory. (County) Unknown Injured at home, farm, Industry, public place (where?) Means of Injury M. L. Creager & Son R. W. Breen Thurmont, Maryland

RPR20_1946
BURFAUVE

In frenchistell

~~ 2.6750

MARYLAND STATE DEPARTMENT OF HEALTH

correct age

E PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

WRIT

PLEASE

VS A15

FOR BINDING

MARGIN RESERVED

2411 N. Charles St., Baltimore (52-7)

CERTIFICATE OF DEATH

				CERTI	CAI	L OI BEATH	Reg. Diat. No			
1. PLACE OF D	EATH	rick				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	mother)			
Frederick - Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?					State Maryland County Frederick City or team (If outside city or town limits, write RURAL and give nearest town)					
Hospital, Institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? 1 Week				d:		Street No. #1 West Seventh Street				
3. (a) FULL NA		MARGIE	MATT	E MAIN			3. (b) Social Security None	Number		
4. Sex	5.	Color or race	6.(a)Sing	le, married, widewed, or divorced		MEDICAL C	ERTIFICATION			
F		W		S		20. DATE OF DEATH April	22nd, 19 46	at 6:20B		
B.(b) Name of husbar 7. Birth date of deceased (mo., da	*********			(c) If alive, give age	years	21. I CERTIFY that death occurred on the date ab	ferry	19 X &		
	ars	Months	Days	If less than one day		Immediate cause of death	Maialan	DURATION		
	31	9	7	hrs	min.	- Carried Adam				
1D. Usual occupatio	n	None None	eounty, and	rick-Marylar	nd	Due to				
13. Birthplace	F'	rederi	ck Co	inty Marylar	be					
14. Maiden nan 15. Birthplace	ne	Harrie	ett G			(Include pregnancy within 8 months of death) Major findings of operations				
≥ 15. Birthplace	He			~						
Harry B. Main Address Springfield, Ohio					***********	Antopsy results	which death should be charged	statistically.		
17 Burial (Burial, cremation, or some of Whiteh) (Burial, cremation, or some of Whiteh) (Burial, cremation, or some of Whiteh)					Accident, suicide, or homicide		**************************			
Cemetery or cramatory Utica Cemetery				tery	Where did injury occur?(City or town)	(County)	(State)			
				Maryland		injured at home, farm, industry, public place (where?)	•••••		
18. Funeral director		M. R.	Etch	Ison and Son	2	Means of injury	Injured at work?			
Address				Maryland		23. SIGNATURE XXX	line	M. D.		
19. 23 Que (Date rec'd by	registr	19.4.C	13	izabeth J. He	la . Registrar	Address Frederick, Ma	M. D. aryland Date signed	or other 4-23-46		



Edigo

2. USUAL RESIDENCE HOME) OF DECEASED: (If outside city on town limits, write RURAL and five nearest town 3. (b) Social Security Number None DURATION PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at work?

APR 23 1944
BUREAU V S

M. D. or other

Date signod ...

D. D. N. 144

State. County Were long in above piace of death? How long in hospital or institution, or street address where death occurred: Were long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex S. Color or race 6. (a) Sirgle, plated, widowed, oadverved 4. Sex S. Color or race 6. (a) Sirgle, plated, widowed, oadverved 4. Sex S. Color or race 6. (a) Sirgle, plated, widowed, oadverved 4. Sex S. Color or race 4. Sex S. Color or race 5. Color or race 6. (a) Sirgle, plated, widowed, oadverved 7. Birth date of 7. Birth date of 8. AGE: Years Months 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Name 15. Difference 15. The conditions 16. Difference 17. Birth date of 18. Difference 18. Difference 19. Difference 20. Date of pearly 21. Description 22. Date of pearly 23. Date of pearly 24. Date of pearly 25. Date of pearly 26. Date of pearly 27. Date of pearly 28. Date of pearly 29. Date of pearly 20. Date of pearly 20. Date of pearly 21. Date of pearly				CERTIFIC	AIE C	F DEA.	IH		Reg	g. Diat. No	4.1
3. (a) FULL NAME A set S. Color or rice S. Col	City or town	ntside eity or town lot doath?	limits, write	d: —	State City or	(For newborn inf	fants give res	Coulcille Country Coun	nother)	RAL and give n	sol_ earest town)
4. See S. Color or rice S. (a) Siege, Priod, wideweed MEDICAL CERTIFICATION 3. (b) Name of hertends wife S. (c) If alive, give age S. (c) If alive on S. (c) If alive, give age S. (c) If alive, give a					2.(4)	II voioran, namo wa	&F		1 0 (1)		
4. Sex S. Color or rice All C. Cartification B. (b) Name of hydrand wite. B. (c) Haller, give age S. (d) Haller, give age S. (d) Haller, give age S. (e) Haller, give age S. (f) Haller, give age S. (g) Haller, give age S. (g) Haller, give age S. (haller) g	3. (a) PULL NAME		IALC	01							
7. Birth date of deceased 600, 637,7766. 8. AGE: Years Months Days It loss than one day Immediate cause of death DURATION 9. Birthplace Town, country, and state) 10. Usual occupation. 11. Industry or business 11. Maiden name. 11. Maiden name. 11. Maiden name. 12. Name. 13. Birthplace Town, country, and state) 14. Maiden name. 15. Birthplace Town, country, and state) 16. Information. 17. Birthplace Town, country, and state) 18. Information. 19. Birthplace Town, country, and state) 19. Bus to cause of death 19. Due to. 11. Industry or business 11. Maiden name. 12. Name. 13. Birthplace Town, country, and state) 14. Maiden name. 15. Birthplace Town, country, and state) 16. Information. 17. Journal Maiden name. 18. Information. 19. Date of op. 18. Information. 19. Date of op. 18. Information. 19. Date of op. 19. Date of op. 19. Date of op. 20. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 19. Date of op. 19. Date of op. 20. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 19. Date of op. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 19. Date of op. 20. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 19. Date of op. 20. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 19. Date of op. 19. Date of op. 20. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 19. Date of op. 20. VIOLENCE: It don'th was due to external causes, till in the following: Accident, suicide, or homicide. 20. VIOLENCE: It don'th was due to external causes, till in the f	Male	5. Color or race	6.(a)Sing	e paried, widowed, ordiversed march and and	-		for l	2 :	ERTIFIC	CATION 19. hat I attended doc	6 // A
9. Birthplace	7. Birth date of deceased (mo., da). Tr	/FW.	6.		and th		alive on.	Chr	.0 0	ap-18	23 19 4 6 DURATION
Compared to the control of the con	83	9	-	hrs.	min.		0		1		180
14. Maiden name. 15. Birthplace Forwille Ful as and Date of op. 16. Information Major fieldings of operations. Autopsy results. PHYSICIAN: Please coderline the caose to which death shoold be charged statistically. 22. VIOLENCE: It doubt was due to external causes, till in the following: 17. Gemotory or cromatory March? Cemotory or cromatory March? County (State) Injured at home, farm, Industry, public place (where?)	10. Usual occupation 11. Industry or business	(Town,	county, and	<i>!</i>	Due to.	Conditions.			nord	200-4	2 grs.
Address & Marcheller M. R. F. D. Address & Marcheller M. R. F. D. 17. Date thereof Month) (day) (year) Cemotory or cromaler M. R. C. (month) (day) (year) Location Near Safell Falls F	M	Servi	Fred	Levis.	1,110	fiedings of opera	tioos			***************************************	
(Burial, crematice, or someout Which?) Cemetery or crematory Dear State (County) Location Near Safield Fael Control (County) Location Near Safield Fael Control (County) Merce of Injured at mort?	1)	Kosa	Jule 1	9 (1. F.D.	PHYSI 22, VI	ICIAN: Please on IOLENCE: It doat	derline the cu h was due to e	nose to wh aternal cau	ich death s ses, till in th	hoold be charge ne following:	
18. Funeral director Laso B. Hoover Moans of Injury Injured at work?	(Burial, cremation,	mr B	Rechu	(month) (day) (year)	Where	did lojury occur?	(City	or town)		(County)	(State)
	1B. Funeral director		13.	Loour	Moans	ot Injury			- In	Jured at work?	

23. SIGNATURE

VS A15

PLEASE

Obril 24 (Dale rec'd by registrar)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

03786

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Frederick				State Maryland County Frederick				
City or lower	outside city or town	imits, write R	URAL and give nearest town)	H'rederick				
				(If outs	ide city or town limits	, write RURAL and give n	earest town)	
Hospital, institution, o	r street address where	Hosp	tal	Street No. 240 S	outh Mar	ket Street		
	or Institution? 1	Week	& 5 Davs	2.(a) If veteran, name war	(If rural, give			
			~	2.(a) If veteran, name war				
3. (a) FULL NAM			TIDOTNIA MAGAN	מקוו		3. (b) Social Security		
			VIRGINIA McCAN	NEK		214-10-15	91	
4. Sex	5. Color or race		, married, widewed, or diverced			ERTIFICATION		
F	W	S		20. DATE OF DEATH	April	2nd, 19 46	1:55P	
C (A) Name of huckans	i or wife			21. I CERTIFY that death	occurred on the date abo	ve stated; that I attended dec	ceased from	
) If alive, give ageyear			Y. b., to De porter 200		
7. Birth date of	Fehm	ary 8		and that I last saw h.	alive onaf	112 2-	19 🗡 🛵	
deceased (mo., day,	7117	Days	If less than one day	Immediate cause of deat	h		DURATION	
8. AGE: 44		24		- Contract Driver	and the dead of the	Vacas I		
-			hrsmin	-	1101	·····		
9. Birthplace H'T'	ederick-F	reder:	ick-Maryland	Due to.	meraj la	<i>M. D.</i>	- 3 Har	
45 11 11 11 11 11 11	Bookkee	per	tate)					
	ss J. D. I		alaxxi .	Due to				
	wen McCar	ABUTT. P.	CRSONS			******************************		
	Frederic	k Com	nty Maryland	Other conditions		***************************************	***	
≦ 13. Birthplace				(Include	pregnancy within 3 r	nonths of denth)		
14. Malden name	Ellen F	Line	nty Maryland cCanner	Major findings of operati				
E 15. 8irthplace	Frederic	k Cour	nty Maryland			Date of op		
16 Informant M:	iss Hazel	L K. Me	cCanner	Antopsy results				
240	S. Marke	t St.	Frederick, Md.			hich death should he charge	d statistically.	
Danie	3		1 1 1	22. VIOLENCE: If death	was due to external cau	see, fill in the following:	- •	
Buria.	n, or someval. Which)	014/4/46 (month) (day) (year)	Accident, suicide, or homi	clde	Date of		
Cemetery or scome	Mount	Olive	t Cemetery	Whera did injury occur? .	(City or town)	(Connty)	(State)	
	Freder	rick, I	Maryland			here?)		
Location			son and Son	Meane of injury	The provide prince (m.	Injured at work?		
18. Funeral director					(0 0	0		
Addrese	Freder	ick, l	Maryland	00 010047405	EMM	nimico	M. D.	
" H ans:	1946	:13	alsoff of stocks	23. SIGNATURE	V V		or other	
(Date rec by r			Registra	Address Freder	cick, Mar	yland Date signer	4-4-46	

VS A15

PLEASE WRITE PLAINLY, WITH UNF.

(ARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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APR 5 1946

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(De Bridgets) MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03787

CERT	IFI	CA	TE	OF	DEA	TH
CLICA		CA	H. Aus	OI	DEF	TITI

CERTIFICAT	E OF DEATH	Reg. Diat. No.
PLACE OF DEATH: ounty ity or town	Street No(If ru	ME) OF DECEASED: dence of mother) County who limits, write RURAL and give nearest town) rai, give LOCATION)
.(a) FULL NAME	m Clain	3. (b) Social Security Number
Sex 5. Color of pace 6.(a) Single, married, widowed, or divorced That white widowed	20. DATE OF DEATH.	AL CERTIFICATION 24 194 194 194 194 194 194 194

3. (a) FULL NAME John Richard	m Clain 3. (b) Social Security Number
4. Sex 5. Color of tace 6.(a) Single, married, widowed, or divorced male white widowed	MEDICAL CERTIFICATION
6.(b) Name of husband or wife. Assets Moses 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Surve 25 1873 B. AGE: Years Months Days If less than one day	Immediate codes of Seath DURATION OUT
Birthplace Commits (Town, county, and state)	Due to.
0. Usual occupation	Due to.
12. Name Dellasik fo. md	Other condition: (Include hydranary within 8 months of deuth)
14. Maiden named Chura C. Magazzana 15. Birthplace Frederick Co. M.	Major findings of operations
16. Informant	Autopsy results

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important. Address 17. (Burial, cremation, or removal. Which?)

Location

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide.... Where did injury occur?

Registrar

Means of Injury

(month) (day) (year)

Opr. 27, (Date rec'd by registrar)

23. SIGNATUI

(City or town)

(County) (State) Injured at home, farm, Indostry, public place (where?) Injured at work?

VS A15

PLEASE



THE WALLS AND ADDRESS OF

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1866

CERTIFICATE OF DEATH

13788 Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? Lifetime	City or the Frederick (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 21 West Third Street
Emergency Hospital	(If rurai, give LOCATION)
How long in hospital or institution? 2 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JAMES LEWIS MCKENZIE	None
4. Sex 5. Color or race 6.(a) Single-married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH April 23 1946 21 1:15 Am
6.(0) Name of but tor wite Susan Elizabeth McKenzie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19
7. Birth date of deceased (mo., day, yr.) September 28, 1864	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
81 6. 26hrsmln.	Fui come
	State The state of
9. Birthplace Frederick County, Maryland (Towe, county, and state)	Due to
10. Usual occupation. Retired Farmer	
11. Industry or business	Due to
質 12 Name Daniel McKenzie	
13. Sirthplace Frederick County, Maryland	Dither conditions
	(Include pregnancy within 8 months of death)
14. Malden name Susan Gonso 15. Birthplace Frederick County, Maryland	Major fiedings of operations.
15. Birthplace Frederick County, Maryland	Date of on
16 Interment Mr. Francis F. McKenzie	Autopsy results
Address 21 West Third Street	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof April 25, 19/6 (month) (day) (year)	Accident, suicide, or homicide. a Caroling. Date of 1.15AM
Cemetery or Doubs Cemetery	Where did Injury occur? I would read the
Location West of Frederick, Maryland	(City or town) (Coeoty) /(State) Injured at home, farm, industry, public place (where?)
	Means of injury Fall Feature Injured It work?
19. Funeral director C. E. Cline & Son	Horry. White
Address Frederick, Maryland	Bulsan agray
19 2 4 april 1944 Elisabeth & Heck	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Ladius C, and Bate signed 1-23 4

APR 25 1946
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VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/-6)

CEPTIFICATE OF DEATH

1. PLACE OF DE	Tru.			2. USUAL RESIDENCE (HOME)	OF DECEASED:
	rreae	rick	***************************************	(For newborn infants give residence of	I motner)
County	Frede	rick			ounty Frederick
City or tame(If	outside city or town line of death?	pits, write RUKA 4 years	L and give nearest town)	City or Frederick (If outside city or town limit	its, write RURAL and give nearest town)
Rospital, institution, or	street address where d	leath occurred:		Street No. Davis Avenue	
Fred	lerick City	Hospita	1	(If rnral, giv	vo LOCATION)
How long in hospital o	r Institution?		2 days	2.(a) If veteran, name war	
3. (a) FULL NAM	E				3. (b) Social Security Number
00(0)		L STEPHE	N MILLHOUSE		214-10-2919
4. Sex	5. Color or race		rried, widowed, or allyarcen	MEDICAL O	CERTIFICATION
	3170 4 4				
Male	White	Marr		20. DATE OF DEATH	15th. 19.46 et 6:15
g (b) Name of husband	Mary Mary	Bitting	s Millhouse	21. 1 CERTIFY that death occurred on the date a	above stated; that I attended deceased from
D.(O) Hame of hazara		R (a) 16	alive, give age 40 year	s1	sif 14 19.5
I. Biffill water or	3.5	7 7001.	annal Prio apa months		
deceased (mo., day,			If less than one day	Immediato cause of death	O- PO-O
8. AGE: Yea				Carlio - Vascu	
42	2 1	8 -	hrsmln	- Disease	***************************************
a Milhulana	Sharon- P	ennsylva	nia	. Due to	***************************************
9. Birthplace	(Town,	county, and stat	e)	***************************************	
10. Usual occupation		**************	Salesman	Due to	
11. Industry or busine	Auto Ti				
12. Name	Willoughhy	H. Mill	house	Other conditions	
12. Name	Pennsyl			(Include pregnancy within	44-24 J-241
E 13. Siringiace	Amelia H				
14. Maiden nam		***************************************		Major findings of operations	
15. Birthplace	Pennsylv	ania			Oate of op
16. informant	Mrs. Samuel	S. Mill	house	Autopsy results	which death should be charged statistically.
1	Davis Ave	Trederi	ck Md.		
				22. VIOLENCE: If death was due to external	causes, fill in the following:
Buri	3. L. on, or removal. Which	Oate thereof.	April 18-1946 (month) (day) (year)	Accident, suicide, or homicide	Date of
(Burisi, oreinass	Greenwa	od Cemet	ery	Where did injury occur?(City or tow	(County) (State)
	Allanta		rsylvania	injured at home, farm, industry, public place	(where?)
Location		******************	100004700010000000000000000000000000000	Means of Injury	Injured at work?
18. Funeral director	C.E.Cli	ne and S	Son	7/	7. C/7
Address	Frederi	ck, Mary		23. SIGNATURE A TWANK	W. Chen In
100.	0 111	ાં ક	Dott & Hoch	25. SIGNATURE	M. D. or other
19. Le upr	registrar)		Registr	ar Address Tredouet	my Date signed 4-16-

APR 18 1946

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03790

CERTIFICATE OF DEATH

139

Address State Sana torium, Md Date signed 4/18/46

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Allegany
City or town State Sanatori um Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Since 1/15/45	City or town Frostburg (if ootside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. R. F. D. 1
Since 1/15/45	(If rural, give LOCATION)
now long in nospital or institution:	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nellie R. Moyer	214-14-7545
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. April 17 19.46 at 12:45P.
s.(b) Name of husband XXXX Thomas F. Moyer	21.1 CERTIFY that death occurred on the date above stated; that I altended deceased from
	January 15 19 45 10 April 17 19 46
7 Right date of	and that I last saw h er alive on April 17
	Immediate cause of death
o. Add.	Pulmonary Tuberculosis 27 Mos
25 0 1hrsmin.	
9. Birthplace Shaft, Maryland (Town, county, and state)	Due to
(lown, county, and state)	
1D. Usual occupation Factory worker	Due to
11. Industry or business	
E 12. Name George W. Wilson 13. Birthplace Shaft, Maryland	Diher conditions
13. Birthplace Shaft, Maryland	
14. Maiden name Pearl Starkey 15. Birthplace Eckhart, Maryland	(Include pregnancy within 8 months of death)
15. Birthplace Eckhart, Maryland	Major findings ul uperations.
16 Information Deceased	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Unknown Dureal Day thereof Unknown 1946	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) Halsoom (Month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Unknown Conscoring Mis.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Goor go Eichborn, Eichkorn	Means of Injury Injured at work?
7	\mathcal{D}/\mathcal{P}
Address Lonaconing, Maryland	23. SIGNATURE H. W. Releis
19. 1/2011 19 446	M. D. Jarxoner
(Date rec'd by registrar) Registrar	Address State Sana torium, Md Date signed 4/18/46

No imagents

APR 20 19/6

MARGIN RESERVED FOR BINDING

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19. | Qpril (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03791

Frederick, Maryland Date signed.

		CERTIFI	CATE OF DEATH Reg. Diat. No. 131
How long in above p Hospital, Institution 422 We	derick rederick (If outside city or town li lace of death? 2 , or street address where st Patrick	imits, write RURAL and give nearest town Years death occurred: Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State Maryland County Frederick City or term. Frederick (If outside city or town limits, write RURAL and give nearest town) 442 West Patrick Street (If rural, give LOCATION) None 2.(a) If veteran, name war.
3. (a) FULL N			3. (b) Social Security Number
		ELIZABETH NUSZ	None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F	W	W	20. DATE DF DEATH April 16th, 19 46 of 6:15A M
7. Birth date of deceased (mo., d	ay, yr.) Septe	t E. Nusz 	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
0. 1104.	79 Months	Days If less than one day 23hrs.	min. Da la Tare 15
1D. Usual occupat	At Ho		Due to Atlan Seitur Jenn
置 12. Name	George H.		Dther conditions
13. Birthplace		ck County Maryland Cannon ck County Maryland L T. Moss	
-1 15. Bittiplace	Mrs. Samie	1 T. Moss	Date of op.
16. Informani	2 W. Petri	ck St., Frederick	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bur:	ial	1/20/10	22. VIOLENCE: If death was due to external causes, fill in the following;
		ings, Maryland	Injured at home, farm, Industry, public place (where?)
		tchison and Son	Means of Injury Injured at work?
18. Funeral direct		ck, Maryland	22 SIGNATURE FILE FROM M. D.
19. 16 ap	il 1946	Elisabeth y He	23. SIGNATURE M. D. or other H. D. or other 4-16-46

Registrar

APR 18 1946
BURLAUVE

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

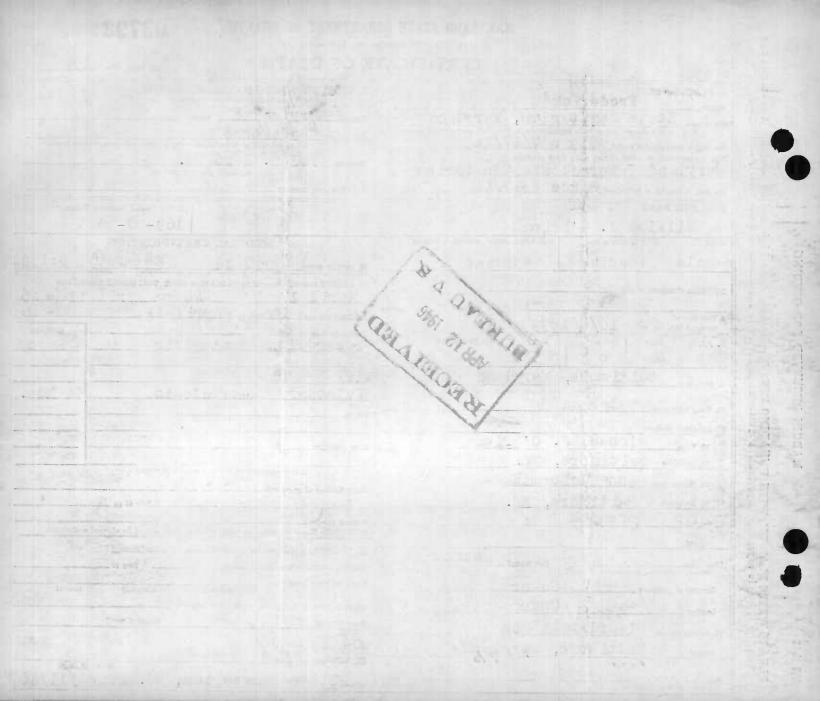
MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

03792

CERTIFICATE OF DEATH

1. PLACE OF D	Frederi	ck	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Sta		orium, Maryland imits, write RURAL and give nearest town)	State Maryland County	
City or town(16	outside city or town I	imits, write RURAL and give nearest town)	City or town. Baltimore (If outside city or town limits, write RURAL and give a	
How long in above place	ce of death?	3 e 4/17/44	(If outside city or town limits, write RURAL and give	nearest town)
Maryland	Tubercu	losis Sam torium	Streel No. 340 E. 22nd St. (If rural, give LOCATION)	
How tons in boselfol	or leastlestern Sin	ce 4/17/44	2.(a) If veteran, name war	
3. (a) FULL NAM			3. (b) Social Securit	
		Desi en	163-20-30	•
4. Sex	iam J. O	6.(a)Single, married, widowed, or divorced		77
			MEDICAL CERTIFICATION	(= 3 = .
Male	White	Married	20. DATE OF DEATH. April 11 19 4	O .):15A,
6.(b) Hame of husban	d or wife		21. I CERTIFY that death occurred on the date above stated; that I attended de	eceased from
14 1			April 17 1944 16 April	
7. Birth date of deceased (mo., day	20/6/		and that I last saw him alive on April 11	
8. AGE: Yea		Days If less than one day	Immediate cause of death	DURATION
46	6	5min.	Tuberculous Meningitis	5 Days
		Maryland	New York Control of the Control of t	***************************************
9. Birthplace	(Town,	county, and state)	Pulmonary Tuberculosis	54 Mos.
1D. Usual occupation	So le amos	a	rumonary rubercurosis	24MU.S
11. Industry or busine			Due to	•••••
	Micheel	J. O'Brien		*****
12. Name	Bal timor	• • • • • • • • • • • • • • • • • • • •	Other conditions	
		Cormick	(Include pregnancy within 8 months of death)	
14. Malden nami			Major findings of operations	
≥ 15. Birthplace	Bal timo		Date of op	
16. Informant	Deceased		Autopsy results.	
Address			PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
Busia	Con, or pomoval. Which?	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;	
		(month) (day) (year)	Accident, suicide, or homicide	
()	itory athedra		Where did injury occur?	
Location John	Etimore,	Unknown M.L.	Injured at home, farm, Industry, public place (where?)	
45 5 1 11- 1	Wiedfiel	d & Sons	Means of Injury Injured of work?	
		e, Maryland	2 A. Bacci.	
Address	Dar of mor	e, mary rand	23. SIGHATURE A. G. Balli.	
19, 4/11	/ 6 19	1131000		
. (Date rec'd hy/	registrar)	Registrar	Address Dua un Daria un Tium, Mue Date signe	d 4/ 44/ 40



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

18. Funeral director

(Date rec'd by registrar)

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03793

CERTIFICATE OF DEATH

Maryland

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Pennsylvania county City or town Shamokin
1	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 641 S. Diamond St. (If rural, give LOCATION)
1	2.(a) If veteran, name war

(II out	side city or town in	mits, write it	7 / 1	towny
How long in above place of	death?S.1.17	ce 3/	1/44	•••••
Hospital, Institution, or st	reet address where	death occurred		
Maryland	Tubercu	losis	Sanatori	um
How long in hospital or in	. Sin	00 3/	1 /1.1.	
How long in hospital or in	istituilon?	S	₩.1±±.±±	***************************************
3. (a) FULL NAME				
	J. Okeni	gki		
L' - CIAIL C	010111			
4. Sex	5. Color or race	6.(a) Single	, married, widowed, or divo	rced
Male	White		Married	
B.(b) Name of humband for	Luci	lle 0	keniski	
B.(0) Name of husband/DE	Awite			
***************************************		6.(c) If alive, give ege	years
7. Birth date of	No	wemb e	r 10, 190	3
deceased (mo., day, yr.)				
8. AGE: Years	Monihs	Days	tf less than one day	
42	4	24	hrs	mln.
C1		D-		
9. Birthplace	ismokin,	Pa.	tate)	
	Chin Di	county, and s	tate)	
1D. Usual occupation	Ship Ri	gger		
44 to to the on boots and				
11. Industry or business				
置 12. Name Frs	ank J. C	kenis	K.1	
12. NameFIS	Pennsyl	vania		
14. Malden name				
15. Birthplace	Polend			
		7		
1B. Informant	Decease	ea		*************
Address				
17		Date there	of	
(Burial, cremation, o	r removal. Which?)	Date there	of(month) (day)	(year)
Cemetery or crematory.			*************	
Trover coor	otion to	O		

M.L. Creager &

Thurmont, Md.

Frederick

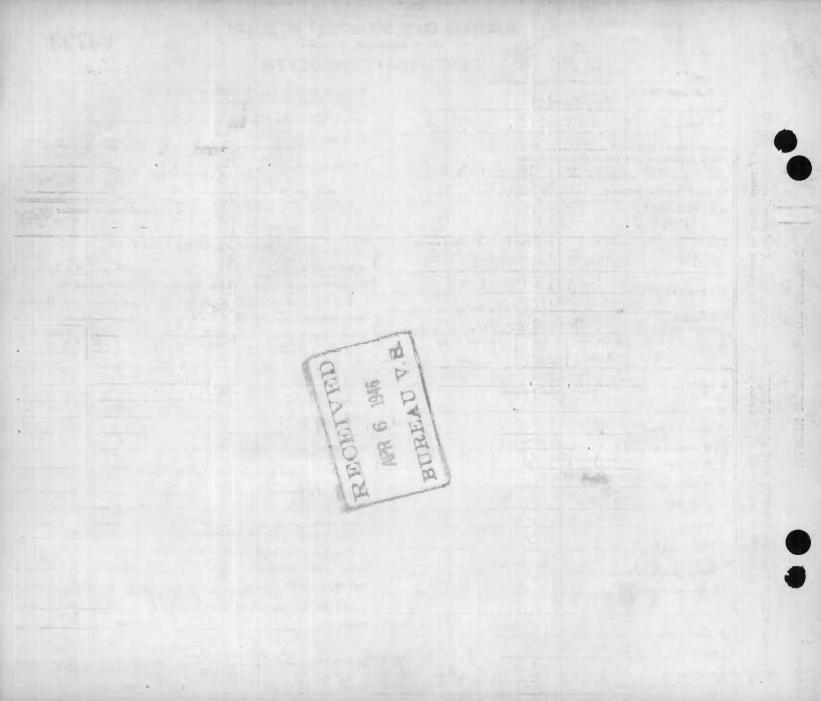
State Sanatorium,

	3. (b) Social Sec	urity Number
	180-03-	-3315
MEDICAL CI	ERTIFICATIO	N
20. DATE OF DEATH April 3	19/	6 a 3:30A
21. I CERTIFY that death occurred on the date abo		
March 1		
and that I last saw h im alive on Apr	il 3	194.1
Immediate caose of death		DURATION
Pulmonary Tuberc	ulosis	48 Mos.
	***************************************	***************************************
Diriak		***************************************
Laryngeal Tuber c	ulosis	5 Mos
MAK		
Šilicosis		10 Yrs
Dither conditions		***************************************
(Include pregnancy within 3 r	months of death)	
Major findings of operations		
major manage of operations.		
Aotopsy results		444400000000000000000000000000000000000
PHYSICIAN: Please underline the cause to wi		harged statistically.
22. VIOLENCE: If death was due to external cau	ises, fill in the following	
Accident, suicide, or homicide	Date of	f
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (w	here?)	
Means of Injury	Injured at wor	

23. SIGNATURE K. W. Breen

Registrar

Address State Sana torium, Md. Date signed 4/3/46



APR 27 1946
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

03795

CERTIFICATE OF DEATH

..... 131

	CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County Frederick City or team (If outside city or town limits, write R How long in above place of death? 25 Years Hospital, institution, or street address where death occurred 122 East Seventh Stree How long in hospital or institution?	:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate Maryland Coun Frederick (If outside city or town limits, street No. 122 East Seven (If rural, give Interest None)	write RURAL and give nearest town) ath Street LOCATION)
3. (a) FULL NAME WILLIAM KIRA	COFE PERRY		3. (b) Social Security Number 220-05-6084
4. Sex 5. Color or race 6.(a) Single	married, widowed, or divorced	MEDICAL CE	RTIFICATION
M W	M	20, OATE OF, OEATH April	10th, 19 46 at 12:55A
6.(b) Name of hweband-or wife Sarah Pag 7. Birth date of deceased (mo., day, yr.) September 1	e) If alive, give age65 years	21. I CERTIFY that death occurred on the date above and that I last saw how alive on Immediate cause of death.	10 UP W 10 19 Lb
8. AGE: Years Months Days 77 6 28 9. Birthplace Walkersville-Fred (Town, county, and s	If less than one dayhrs. min. erick-Maryland tate)	Due to.	20 Caráctis
11. Industry or business L. A. Rice a 12. Name Jacob S. Perry 13. 8irthplace Frederick Cou	nty Maryland	Due to	lini
14. Maiden name Martha Gees 15. Birthplace Frederick Cou	ey nty Maryland	Major findings of operations	
16. Informant 122 E. 7th St. F	rederick. Md.	PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus	
Burial (Burial, oremation, or removal, Whiteha) Cemetery or crematory Mount Olive	o como oor y	Accident, suicide, or homicide	Date of
Frederick,	Maryland		ere?)
18. Funeral director M. R. Etchi	son and Son	Means of Injury	Injured at work?
Address Frederick,		A IXU	unios M. D.
19. \2 CRAL 19.\b E	habeth J. Herb.	23. SIGNATURE	M. D. or other yland Date Signed 4-10-46

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

The correct

REAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

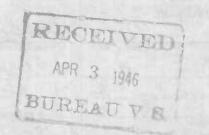
2411 N. Charles St., Baltimore &

CERTIFICATE OF DEATH

U3796

		- 1	2	
leg.	Diat.	No. J.		

1. PLACE OF DEATH: I rederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State maryland County Frederick
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	713 Racking DV Jakkan
Frederick City Hospital	Sireet No
How long in hospital or institution? 2 weekh	2.(a) If veleran, name war. None
3 (a) FULL NAME	0 (2) C 11 C N 1
Sally Tetrick	Pau None
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
I I manuel	20. DATE OF DEATH april 1- 1946, al 6:12 1.
6.(b) Name of husband or R. M. Rau	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
pri	19 15 to am 19 19 19
7. Birth date of \$\ \tag{\$s,(c)\$ If alive, give age \$\ \tag{\$5\$ years}\$	and that I last saw have alive on The An 19
deceased (mo., day, yr.) March 19-1878	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
68 0 12hrsmin.	200 200 0
9. Birthpiace mannington - Th. Virginia	Due to. Due to. Due to.
Jown, county, and state)	900
1D. Usual occupation. Housewefe	Don to
11. Industry or business	DUE 10.
12 Name marion Letrick	
12. Name marion Tetrick 13. Birtholace mannington - W. Va.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Hamal Jane Hull 15. Birthplace mannington - H. Wa	Major fludiurs of operations
15. Birthplace mannington - M. Va.	Date of op.
16. Interment R. M. Race	Autopsy results
1. 1. P. P. P. 1. 7. 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addiess	22. VIOLENCE: It death was due to external causes, till in the following;
17. Burial Bale thereot 4-3-46 md. (Burial, argumentos or removal, Which (Burial, argumentos or removal, Which (Burial, argumentos of the state of t	Accident, suicide, or homicide
ment of conta	
Cemetery or assembly	Where did injury occur? (City or town) (County) (State)
Location Frederick - mary land	Injured at home, farm, industry, public place (where?)
18. Funeral director C. E. Cline and Son	Means of Injury Injured al work?
Address Frederick - many land	CA Hamus
201 CD. M. M. M.	23. SIGNATURE
19. 2 - While 19. 4. Challette J. Heck. (Date rec'd by registrar)	Address Tild Bate circuit 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 65-2 CERTIFICATE OF DEATH 1. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (if outside city or town limits, write RURAL and give hearest town) How long in above place of death?..... Hospital, Institution or street address where death occurred: information care (If raral, give LOCATION) How long in hospital or institution: 3. (a) FULL NAME 3. (b) Social Security Number None MEDICAL CERTIFICATION 19 7-6 at 9.35 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .B.(c) If alive, give ageyears deceased (mo., day, yr.) 8. AGE: MARGIN RESERVED (Town, county, and state 1D. Usual occupation ... 11. Industry or husiness important. (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... nonth) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury PLEASE A15

APR 22 1946
BUREAU V. B.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legribly.

MARGIN RESERVED FOR BINDING

VS A15

03798

CERTIFICAT	E OF DEATH Rog. Dist. No. 3
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofant; give residence of mother) Slate
3. (a) FULL NAME	3. (b) Social Security Number
Frank Motter Ress	
6.(b) Name of husband or mile. Rev. Sha. B. Resseev	20. DATE DE DEATH 18.4
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day hrs. min.	and that I last saw h
9. 6irthplace Enuty Feel. Co. Med. (Towns county, and state) 10. Usual occupation	Due to.
12. Name Jaury M. Maela 13. Birthplace Frederick, Co. Nud 14. Malden name alice Rudisif	Other conditions
16. Informant Ley N. M. T.	Major fiadings of operations
Address 17. Buriel Date thereof (month) (day) (year) Cemetery or osemation, or removal. Which: Cemetery or osemation, or of the control of	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director. Have Carle Con Address Frederick The	Injured at home, farm, Industry, public place (where?) Means of injury tnjured at work?
19. 8 april 19.46 Elalette y. Heile: (Date rectyl by registrar) Registrar	Address Date signed Date signed

APIO 1946
BUREAU V.B.

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. Frederick City or team (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME SUSAN RICE 4. Set S. Color or race William Rice City or team of husband or the state of	arest town
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Frederick City Hospital How long in hospital, nor street address where death occurred: Frederick City Hospital How long in hospital or institution? 3. (a) FULL NAME SUSAN RICE 4. Sex S. Color or race 4. Sex S. Color or race 5. Color or race 6. (a) Single-merried; widewed, ordivered W W William Rice 8. (b) Hame of husband or 8. (c) If alire, give age 9. Birthplace Months Days 16 less than one day 77 4 hrs. Immediate cause of death 10. Usual occupation. At Home Daniel B. Hane 11. Industry or business E 12. Name. Dardan, Maryland E 14. Maiden name. Dardan, Maryland Maryland Maryland Cincide pregnancy within 5 months of death) Majer findings of operations. Majer findings of operations.	arest town)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Frederick City Hospital How long in hospital or institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? 2 Hours 3. (a) FULL NAME SUSAN RICE SUSAN RICE SUSAN RICE 4. Sex 5. Color or race 6. (a) Single, merriod; widowed, or diverced W W At Interest address where death occurred: None MEDICAL CERTIFICATION 70. DATE DF DEATH. 21. I CERNIFY that death occurred on the date above states; that settlenged deceased (mo., day, yr.) September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4 hrs. Min. 9. Birthplace At Home 10. Usual occupation. At Home 11. Industry or business 12. Name. Dardan, Maryland (Town, county, and state) At Home 11. Industry or business 12. Name. Dardan, Maryland 13. Birthplace Dardan, Maryland 14. Maiden name Barbara Ellen Hoffmaster Dardan, Maryland 15. Maryland (If outside city or town limits, write RURAL and give no literate address where death occurred: Street No. Near Jefferson (If outside city or town limits, write RURAL and give no literate address where death occurred: None 3. (a) FULL NAME 3. (b) Social Security None MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERNIFY that death occurred on the date above states; that settlenged deceased (mo., day, yr.) 15. Interest No. Near Jefferson (If outside city or town limits, write RURAL and give no literate address when less that settle and prove no literate and prov	earest town)
How long in hospital or institution? 3. (a) FULL NAME SUSAN RICE 4. Sex S. Color or race William Rice 6. (a) Single, merried; widowed, or divorced W 20. DATE DE DEATH. 21. I CER JET that death occupred on the date above stated; that extended dee deceased (mo., day, yr.) September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4 hrs. min. 9. Birthplace Crown, county, and state) At Home 11. Industry or business 12. Name Daniel B. Hane 13. (b) Social Security NOME MEDICAL CERTIFICATION 20. DATE DE DEATH. 21. I CER JET that death occupred on the date above stated; that extended dee deceased (mo., day, yr.) September 17, 1886 Immediate cause of death. Due to	
How long in hospital or institution? 3. (a) FULL NAME SUSAN RICE 4. Sex S. Color or race William Rice S. (b) Name of husband or September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4 hrs. min. 9. Birthplace Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Daniel B. Hane 13. (b) Social Security NOME MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CER UFT that death occupred on the date above stated; that extended deceased (mo., day, yr.) September 17, 1886 Immediate canse of death. Due to Carana (Crown, county, and state) Due to Carana (Crown, county, and state) Due to Carana (Crown, county, and state) The manual occupation. Due to Carana (Crown, county, and state) Due to Carana (Crown, county, and state) Majer findings of operations. Majer findings of operations.	
3. (a) FULL NAME SUSAN RICE 4. Sex S. Color or race 6. (a) Single, merried; widowed, or divorced W W 8. (b) Name of husband or William Rice 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4 hrs. min. 9. Birthplace (Town, county, and state) At Home 11. Industry or business 12. Name Daniel B. Hane 13. (b) Social Security None MEDICAL CERTIFICATION 20. DATE OF DEATH. 21: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 21: 10: 10: 10: 10: 10: 10: 10: 10: 10: 1	
SUSAN RICE 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorces W W 20. DATE DF DEATH. Laboratory 19	
Sex 5. Color or race 6.(a)Single_merried; widowed, or divorced W W 6.(b) Name of husband or William Rice 6.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4 hrs. min. 9. Birthplace At Home 10. Usual occupation At Home 11. Industry or business Daniel B. Hane 12. Name Daniel B. Hane 13. Birthplace Dardan, Maryland 14. Maiden name Barbara Ellen Hoffmaster MEDICAL CERTIFICATION 20. DATE DF DEATH Dard on the date above stated; that Jettended dec 21. I CERTIFY that death occupred on the date above stated; that Jettended dec 19. Industry or husiness Due to Consulting Occupation Due to Consulting Scalence Due to Consulting Circlede pregnancy within 3 months of death) Majer findings of operations.	Number
William Rice S.(e) Hallve, give age years T. Birth date of deceased (mo., day, yr.) September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4 hrs. min. 9. Birthplace ardan, Maryland 10. Usual occupation. At Home 11. Industry or business 12. Name Daniel B. Hane 13. Birthplace Dardan, Maryland 14. Maiden name Barbara Ellen Hoffmaster 14. Maiden name Barbara Ellen Hoffmaster Major findings of operations.	
8. AGE: Years Months Days If less than one day 5. Birthplace (Town, county, and state) At Home 10. Usual occupation. At Home 11. Industry or business 12. Name Daniel B. Hane 13. Birthplace Dardan, Maryland 14. Maiden name Barbara Ellen Hoffmaster 15. Dardan Maryland (Include pregnancy within 3 months of death) 15. Dardan Maryland (Include pregnancy within 3 months of death) Majer findings of operations.	
8. (b) Name of husband or 8. (c) It allive, give age	, 12:15
S. (c) If allve, give age years Sirth date of deceased (mo., day, yr.) September 17, 1886 S. AGE: Years Months Days If less than one day 59 7 4 hrs. min. 9. Birthplace At Home 10. Usual occupation At Home 11. Industry or business 12. Name Daniel B. Hane 13. Birthplace Dardan, Maryland 14. Maiden name Barbara Ellen Hoffmaster 14. Maiden name Barbara Ellen Hoffmaster 15. Maiden name Barbara Ellen Hoffmaster 16. Maiden name Maryland 17. Maiden name Barbara Ellen Hoffmaster 18. Maiden Maiden Maryland 19. Maiden Maide	eased from
Is Birth date of deceased (mo., day, yr.) September 17, 1886 B. AGE: Years Months Days If less than one day 59 7 4	2/ 1946
deceased (mo., day, yr.) September 17, 1886 8. AGE: Years Months Days If less than one day 59 7 4	19 -
8. AGE: Years Months Days If less than one day	DURATION
Due to. Country Ocelanum (Town, county, and state) Due to. Country Ocelanum Due to. Country O	2 class
Due to. Country Occurrence (Town, county, and state) At Home Due to. Country Occurrence Due to. Country Occurr	
Daniel B. Hane 12. Name. Daniel B. Hane 13. Birthplace Dardan, Maryland 14. Malden name Barbara Ellen Hoffmaster Dardan Maryland Dardan Maryland Majer findings of operations.	11/4
13. Birthplace Dardan, Maryland 14. Maiden name Dardan Maryland Dardan Maryland Majer findings of operations.	
14. Maiden name Barbara Ellen Hoffmaster Derden Manyland Majer findings of operations. (Inclide pregnancy within 3 months of death) Majer findings of operations.	5400
14. Maiden name Barbara Ellen Hoffmaster Derden Maryland Majer findings of operations. (Inclide pregnancy within 3 months of denth) Majer findings of operations.	
Derden Merwlend Majer nadings of operations.	
= 15. Sirtholace Dardan, MarylandDate of op	
16, Informant Mrs. John S. Bowlus Antepsy results.	
Address Near Jefferson, Maryland PHYSICIAN: Please underline the cause to which death shentd he charges	statistically.
Burial (Burial, organical, organical, which) Date thereof (month) (day) (year) Date of	
Cemetery or exametery Pleasant View Cemetery Where did injury occur? (City or town) (Connty)	(State)
Location Near Burkittsville, Maryland Injured at home, farm, Industry, public place (where?)	
M R Et and con and con Means of Injury tojuryd at work?	
Address Frederick, Maryland	M. D.
19. 12 april 1944 Chialatha Hacka (Date rec'd by registrar) Registrar Registrar Address Lefenson Date signed	or other

RECEIVED

APR 23 1946

BUREAU

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 945

		1	2	2	

03800

CERTIFICAT	TE OF DEATH Reg. Dist. No. / 3 2
1. PLACE OF DEATH: County T	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
M:11 1 97 D:111	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Mule white widowed	20. DATE OF DEATH Quel 30 1946 1 2000
8.(b) Name of husband or wife Ella E. Riddlam 05 21	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of deceased (mo., day, yr.) 12 25, 1884 8. AGE: Years Months Days If less than one day	and that I last saw h.A. 19 19 19 19 19 19 19 19 19 19 19 19 19
62 3 5min.	Coraray occuring Mundeste
8. Birthplace Middle Lawre Trederick b. Md. (Town, county, and state)	Due to.
10. Usual occupation Day Laborer - (Azzitor)	Due to
11. Industry or business	1
12. Name Marion T. Riddlemoser 13. Birthplace Frederick, Did.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Max per et Phris mathe " 15. Birthplace Middleton, Md.	Major findings of operations.
16. Informant Howard Riddlemosen	Autopsy results
Address Frederick, Fld.	PHYSICIAN: Please underline the cause to which death should be charged statistically,
(Burial, eremation, or removal, Which?) Oale thereot (month) (day) (yenr)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Refor - Cometery	Where did injury occur?
Location Middletown Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Gladial Co	Means of Injury Injured at work?
Address Middletown, Md.	23, SIGNATURE P.W. Bank your
19. May 3 1946 Maria Sladlush Registrar	Address Fuel Date signed Y. 30 . 46

VS A15

MAY 9 1945

2411 N. Charles St., Baltimore (85-2)

03801

CEDTIFICATE OF DEATH

131

	CERTIFICA	IE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH: County	th occurred: spital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland County Mount Airy Mount Airy (If outside city or town limits, write RURAL and give nearest to Main Street (If rural, give LOCATION) None 2.(a) If veteran, name war.		
3. (a) FULL NAME LAURA V	TRGINIA RUDY	3. (b) Social Security Numb None	er	
4. Sex 5. Color or race W	6.(a)Single, married, widowed, or divorced W	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 13th, 1946 at 3	3:40P	
m m 1 1 1 1 4	r R. Rudy 6.(c) If allve, give age years r 7, 1866	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4	om 19. X	
9. Birthplace		Due to. Differ conditions	3 24	
14. Malden name Amanda I 15. Birthplace Frederick 16. Informant W. Dana Rud Address Westminister	County Maryland ly Maryland	(Include pregnancy within 3 months of death) Major findings of operations		
18. Funeral director	ed Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
19, 50001 19 (Date rec'll by registrar)	Elizabeth Hech-	23. SIGNATURE M. D. or othe Address Frederick, Maryland Date signed 4-	14-46	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE VS A15

MARGIN RESERVED FOR BINDING

APRIT 1946
BUREAU V

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (544)

03802

Reg. Diat. No ...

2.	USUAL	RESIDENCE	(HOME)	OF DECEASED:
			give residence	

(For newborn infants give residence	e of mother)
Maryland	Frederic
Hate IIICLE of LEGISCO	County

Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)

Near Urbana Street No.

Address FREDERICK, /

Registrar

(If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

1. PLACE OF DEATH:

Frederick

How long in above place of death?.....

How long in hospital or institution?....

(Date rec'd by registrar)

Frederick

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

ELSTE ELIZABETH BUSSELL

(If outside city or town limits, write RURAL and give nearest town)

10 Hours

3. (b) Social Security Number None

l. Sex	5. Color or race	6.(a) Single, married, wide	wed, or divorced
F	C	M	
T.	0	IAT	
5.(b) Name of husband	UL-	bert Russe	
r. Birth date of deceased (mo., day,)	IIm lm	6.(c) If alive, give	age 37 years
S. AGE: Years	Months	Days If less tha	n one day
34	?		hrs mln.
Birthplace Nr.	Urbana-I	rederick-l	Maryland
10. Usual occupation	At Ho	me	************************
11. Industry or busines			
12. Name			
13. Birthplace	Uı	nknown	
Malden name	Sadie Le	90	
15. Birthnlace	Freder	ick County	Maryland
Re Informant Re	obert Rus	sell	
		derick, Ma	rvland
Burial (Burial)	- Which	Date thereof 4/	17/46
Cemetery or-ecematic	- Sugar I	Land Comete	31.À
Location Near		lle, Mary	
18. Funeral director		tchison an	
Address	Frederi	ck, Maryla	nd
16 avri.	l. 1946	Elisabette.	J. Hech

MEDICAL CERT	IFICATION
20. DATE OF DEATH 13 APRIL	19 46, at 7:05A M
21. I CERTIFY that death occurred on the date above state	ed; that I attended deceased from
12 APRIL 1946	10 13 APRIL 19 46
and that I last saw h.E.R. alive on 12 A.E.	R14
Immediate cause of death	DURATION
HYPOSTATIC PNEUM	ONIA
(BILATERAL)	48 HRs(?)
Due to COMA, AND RT. S.	DED
CLONIC CONULSIONS	3 DAYS
Que to OBRAIN TUMOR, O	R 2 YRS.
- Q CNS SYPHILL Ser	alarial and sting 1 80 ide
Other conditions SEVERE DEHYOR!	DTO A STATE OF
Other conditions	A A A A A A A A A A A A A A A A A A A
(Include pregnancy within 3 months	of death) for supplicion curso.
Major findings of operations	
Autopsy results	
22. VIOLENCE: If death was due to external causes, fil	I in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	
Injured at home, farm, Industry, public place (where?)	***************************************
Means of Injury	Injured at work?
Charles X	Couley J.

M. D/or other/

Date eigned 13 APR. 46

APR 18 1946
BURLAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

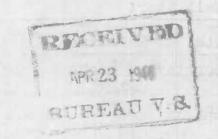
03803₁₃₂ Reg. Dist. No. 132

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Mc 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
william d. Sewand	o. (c) botal beauty realise
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mole white widowed	20. DATE OF DEATH Ofil 5 1946, 21 11 A
6.(b) Name of husband or wife A samuel Services &	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
7. Birth date of deceased (mo. day, yr.) Lyly 25, 186	and that I last saw h. Amalive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
84 8 10min	artero Sclervsis
9. Birthplace B. a. Kimare City Mary hard (Town, county, and cate)	Due to
10. Usual occupation Rotived Day Laborer	Due to.
11. Industry or business Butter Creamery	- D A 10000000000000000000000000000000000
12. Name Salomon Seward 13. Birthplace Baltimore, Md.	Other conditions 12000 Car Can
	(Include pregnancy within 8 months of death)
14. Malden name U - K - O - O - O - O - O - O - O - O - O	Major findings of operations
19 1/ 11	Date of op.
6 M 7 11 1 M 2	Actorsy results
D 1 2 11 C	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, cremoval Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemelory or crematory. Rotok was come execution	Where did injury occurs (City or town) (County) (State)
Location Location Location	Injured al'holme, farm, Industry, public place (where?) Meens of Injury Injured at work?
1B. Funeral director.	
Address Middle town I'll	23. SIGNATURE. E Samp M.D. or other
19. (Date rec'd by registrar) 19.4 Mare Hallall Registrar	

APR 25 1946
BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH IA 2411 N. Charles St., Baltimore Reg. Dist. No. 139 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The confidence of death clearly and legibly. (For newborn infants give residence of mother) County Frederick Maryland county Cacil State Sanatorium
(If outside city or town limits, write RURAL and give nearest town) City or town Perryville
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 mos Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium (If rurnl, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number Hall Short none MEDICAL CERTIFICATION 5. Color or race 6.(a) Single, married, widowed, or divorced Married White Male April 22 19 46 at 3:20Am 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6. (b) Name of husband or wife Dorothy E. Short 19 46 to April 22 19 46 .6.(c) it alive, give agevears and that I tast saw him __alive on _April 21 7. Birth date of June 22, 1915 deceased (mo., day, yr.) Immediate cause of death..... If less than one day Pulmonary Tuberculosis 8. AGE: 30 10 9. Birthplace Earlville, Cecil Co. Md. (Town, county, and state) none 18 Usual occupation..... 11. Industry or business Hall J. Short 13. Birthplace Middletown, Del. important. (Include pregnancy within 3 months of death) 14. Malden name. Vertie Woole, 15. Birthplace Earlville, Cecil Co. Md. Major findings of eperations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Perryville, Cecil Co. Md. 22. VIOLENCE: It death was due to external causes, till in the following: Date thereol....unknown4/25/44 (Burlal, cremation, or removal. Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) anknown texilton PLEASE WRITE Injured at home, farm, Industry, public place (where?) 18, Funeral director August - to D Means of Injury Dh Ballin

State Sanatorium, Md oate signed 4/22/46



2411 N. Charles St., Baltimore 940

03805

Address Frederick, Maryland Date signed 4-6-46

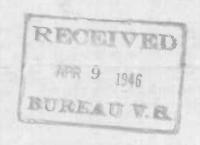
	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 131
1. PLACE OF DEATH: County Frederick City or teme. Frederick (If outside city or town limits 21 How long In above place of death? 1. Place of death? 1. Place of death? 2. Place of death? 1. Place of death? 2. Place of death? 2. Place of death? 3. Place of death? 4. Place of death? 5. Place of death? 6. Place of death? 6. Place of death? 6. Place of death? 7. Place of death? 8. Place of death? 8. Place of death? 1. Place of	h occurred:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State Maryland Coun City or Jewn Frederick (If outside city or town limits, Street No. 514 Trail Av (If rural, give I None	write RURAL and give nearest town)
3. (a) FULL NAME	Y DELZELL SIMPSON		3. (b) Social Security Number None
	S.(a)Single, married, widowed, or divorced M		RTIFICATION 6th, 1946 at 9 A
7. Birth date of deceased (mo., day, yr.) August	lorence Albaugh 5.(c) If alive, give age	21. I CERTIFY that death occurred on the date above 19	April 6th, 19 46
81 7	ederick-Maryland	Due to.	redum, 10 mi
		Other conditions	
Address 514 Trail Ave. 17. Burial (Burial, cremation, or remagnal Whiteht) Cemetery or prematury Mount Ol: Location Frederic	Frederick, Md. Date thereof 4/8/46 (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	ich death should be charged statistically. ses, fill in the following;
Address Frederic	k, Maryland	23. SIGNATURE RYSAL	EXAMINATED or other

Registrar

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, is especially A15 NS

Sapul (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

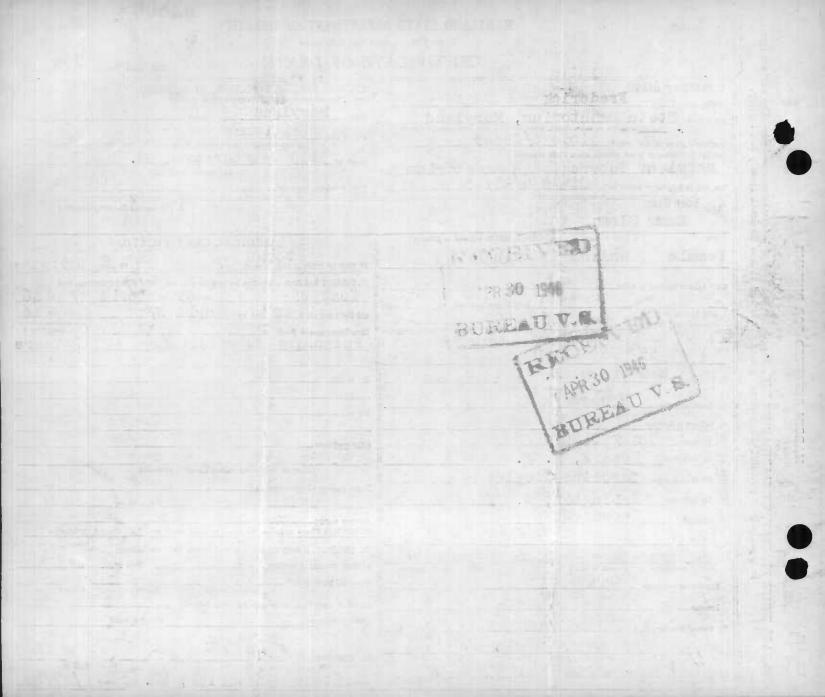
			130	1
er.	Dist.	No.	139	,

			*		
1. PLACE OF DEATH:	rederick	36 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County		
City or townState Sanatorium, Maryland (If outside city or town timits, write RURAL and give nearest town) How long in above place of death? Since 6/25/45 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium			City or town Bal ti more (If outside city or town limits, write RURAL and give nesrest town) Street No. 3819 Reis terstown Rd.		
How long In hospital or institution? Since 6/25/45			(If rural, give LOCATION)		
3. (a) FULL NAME Emma S1			3. (b) Social Security Number		
4. Sex 5. Co	lor or race 6.(a)Sin	zie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female W	/hite	Single	20, DATE OF DEATH April 27 19 46 at 5:55.		
		(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19 45 to April 27 19 44		
7. Birth date of	Oct. 28,	1890	and that I last saw h er alive on April 27 19 4		
deceased (mo., day, yr.) 8. AGE: Years 55	Months Days	If less than one dayhrs,min.	Pulmonary Tuberculosis 2 Year		
9. Birthplace. Newa I 10. Usual occupation	rk, N. J. (Town, county, nac) Housework	state)	Due to		
			Other conditions.		
	wark, N. J	kles	(Include pregnancy within 3 months of death)		
E 15 Rirthplace A T	lington. N		Major fiadings of operations		
	ceased	• • • • • • • • • • • • • • • • • • • •	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17. Unknown R (Burlal, cremation, or re-	Multiple Oate the	unknown 4/21/4/ (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory	Unknown	Halamy.	Where did injury occur?		
Location		& Son Jag	Means of Injury Injured at work?		
The second second second	irmont, Mar	1 / ///	23. SIGNATURE R. W. Bacei.		
19. (Date rec'd by registrar	19 86	J. Welle Registrar	23. SIGNATURE M. D. CKIK Address State Sana to rium, Md. Date signed 4/27/44		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS, A15



MARGIN RESERVED FOR BINDING

PLEASE 1

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or fown State Sana to rium, Maryland (If outside city or town limits, write RORAL and give nearest town)				State Mary land County County		
How long in above place of	death? Sin	ice 1/23/46	City or town Baltimore (If outside city or town limits	, write RURAL and give nearest town)		
Maryland not the modern of the	reet address where	death occurred:	Street No. 425 N. Luzerr	ne Ave.		
Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 1/23/46			. (1f rurn), give			
3. (a) FULL NAME	ISTITUTION?		2.(a) 11 veteran, name war			
	03	and a d		3. (b) Social Security Number 216 -07-3084		
	Sluze 5. Color or race	6.(a)Single, married, widowed, or divorced				
Male	White	Single		ERTIFICATION		
MOT 6	MILLER	DIUGIE	20. DATE OF DEATH April 17	19.46 at 6:40P,		
		A/AV-9 = 31 - 22	January 23	46 to April 17 to 46		
7. Birth date of	Tune	6, 1915	and that I last saw h. im alive on	ri 1 17 19 46		
deceased (mo., day, yr.) 8. AGE: Years	Months	Days If less than one day	Immediate cause of death			
30	10	11hrsml	Pulmonary Tubercu	losis 10 Mos.		
9. Birthplace	Baltimor (Town,	e, Md.	Due to			
10 Henry necessation	Laborer			***************************************		
11. Industry or business			Due fo			
	ohn Slu	ızewski				
	Bal ti mor					
		rzylylski	(Include pregnancy within 3 r			
E 15 Rirthniace		re, Md.	Major findings of operations			
	Decease					
1B. Intermant			PHYSICIAN: Please underline the cause to wh			
Address			22. VIOLENCE: If death was due to external cau	ises, fill in the following;		
Burial (Burial, cremation, o	r removel Which?	Date thereof. 4 /20 /46 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery of Cenants	Holy		Where did injury occur?(City or town)			
Rol		Mary land	(City or town) Injured at home, farm, industry, public place (wi			
LUGSTION			Injured at nome, rarm, industry, public place (wi	injured at work?		
IB. Puneral director	******************	Ozazewski				
Address 1930	Easterr	Ave., Balto, Md.	- R. G. Bac	ling.		
BAVA	1 10	16 10010	23. SIGNATURE	M. D. KODKIX		
(Date rec'd hy regis	19	Registra	ir Address State Sana toriu	m, Md. Date signed 4/18/46		

APR 20 1946

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-6)

CERTIFICATE OF DEATH

03808 Reg. Dist. No. 34

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trees	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County T
How long In above place of death? 2	(I outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
***************************************	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	Stitely 3. (b) Social Security Number
4. Sex 5. Coldy or race 6.(a) Single married, midawed, or divorced	MEDICAL CERTIFICATION
m 21. married	20. DATE OF DEATH OLY 2 19 76, at 2 A M
6.(6) Name of bushess or wil Quice 14 & 2 Vague	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 711	900 1944 10 Of 2 1946
7. Birth date of	end that I last saw h in alive on Gla 19.4.
deceased (mo., day, yr.) 8 AGE: Years Months Days It less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one day	He feethering Condus Donaldy
- 10 1 - 100	I wold how
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation Retired Farmer	
11. Industry or business	Due to
12. Name Jacob Estitely 13. Birthoffere Frederich Ev 24d	Other conditions
	(Include pregnancy within 8 months of denth)
14. Maiden name Frances Danier 15. Birthplace Garroll Gr 24d	Major findings of operations.
E 15. Birthplace Garroll Go 24d.	Date of op.
16. Interment Mys albert & Stitely	Autopsy results.
Address Wt Pleasant Wd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burisi, crematics, or ramovel. Wirten?) Oate thereof (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematury Upinon Chasel	Where did injury occur?
Location Liberty town 741	Injured at home, tarm, Industry, public place (where?)
10 - do . 1/2 to lo	Means of Injury Injured at work?
1B. Funeral director	29441
Address Novolstono 1991.	23. SIGNATURE Costuday
19. 3 april 19.46 Elizabeth 4. Heck	23. SIGNATURE M/D. or other Address Wolferfolker will WA Rate clared Oky 21/1/

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AFR 5 1946

BUFFEAU TE

2411 N. Charles St., Baltimore (546)

CERTIFICATE OF DEATH

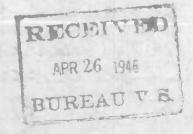
03809 131 Reg. Diat. No. 131

1. PLACE OF DEATH: County Frederick City or to Frederick (If outside city or town limits, write RURAL and give nearest How long in above place of death? Hospital, Institution, or street address where death occurred: 606 Middle Alley	(If outside city or town limits, write RURAL and give nearest town) Sireet No. 606 Middle Alley (If rural, give LOCATION)
How long in hospital or tastitulion?	2.(a) If veteran, name war None
3.(a) FULL NAME HOWARD ARTHUR STOCK	MAN, JR. 217-10-0152
4. Sex 5. Color or race 6.(a)Single, married, widowed, or diver	MEDICAL CERTIFICATION
M W M	2D. DATE OF DEATH. April 14th, 19 46 at 4:45 Pm
6.(b) Name of boots or wife Mary M. Mercer 7. Birth date of deceased (mo., day, yr.) January 9321921	21. I CERTIFY that death occurred on the date above stated; that I atleeded deceased from 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
25 3 5hrs.	Marianta Awation and monthly
9. Birthplace Frederick-Frederick-Marylan (Town, county, and state) 1D. Usual occupation. Laborer 11. Industry or business 12. Name Howard A. Stockman, Sr. 13. Birthplace Frederick County Marylan	Due to
14. Malden name Margaretta V. Shull 15. Birthplace Frederick County Maryls	
Mrs. Mary M. Stockman Address 606 Middle Alley, Frederic	Antopsy results
Burial Burial Bate thereof 4/17/46	22. VIOLENCE: If death was due to external causes, fill in the following; (year) Accident, suicide, or homicide
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
M. R. Etchison and So	Meens of Injury tnjured et work?
Address Frederick, Maryland	23. SIGNATURE P.W Ban Examiner
19. 1 april 19.4 6 Elizabeta & H	Address Frederick, Maryland Date signed 4-16-46

FOR BINDING MARGIN RESERVED PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cises of death clearly and legibly,

The correct

APR 18 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2

CERTIFICATE OF DEATH

Reg. Dist. No.

- DI 1 CE OE D	W 4 997 F			II a Maria Brandia (110 b.m.)	OF DEGREES	
K'rederi ek			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Frederick			State Maryland	County Frederick	ζ	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			RURAL and give nearest town)	Frederick		
				(If outside city or town lin	nits, write RURAL and give no	earest town)
Hospital, institution,	or street address where	e death occurre	d: 	Street No. 115 East Pat		
.,			260	None	rive LOCATION)	
	or institution?			2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	MARGA	RETTA	ELIZABETH STRA	SBERGER	None	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or-divorced	MEDICAL	CERTIFICATION	
F	W		W	Anri	1 11th 1946	. 10 - 301
	Dud	Jan Ct	nachanaan			
6.(b) Name of husbar	nd or wifeDud	Tel Di	rasberger	21. I CERTIFY that death occurred on the date	above stated; that I attended dec	
7 Blath dot1		6.(c) It alive, give ageyears		- 3 .0/ 1.	24.0
deceased (mo., day	May	7, 187	79		april 11	
8. AGE: Yes	ars Months	Days	It less than one day	Immediate cause of death	, mees.	DURATION 15
ϵ	6 11	4	hrsmin.	Cencia Macala Che	nallman	15 000
Fre	ederick-F	rederi	ck-Maryland	e Laute	₹.	
9. Birthplace	(Town	, connty, and	9	Due to	****	** ************************************
1D. Usual occupation	At Hom	9		•••••••	.,	
11. Industry or busin				Due to	***************************************	
	hn H. Fl	eischn	nan	•••••••••		***
12. NameJC	German	***************************************		Dther conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••
≥ 13. Birthplace	Christ	<u> </u>	lron	(Iuclude pregnancy within	8 months of desth)	
14. Malden nam 15. Birthplace	·		rker.	Major findings of uperations		
\$ 15. Birthplace	German	y			Date of on	
	es. Edwar	d D. I	Farnsworth	Autupsy results.		
	E. Patr	ick St	.,Frederick,Md			
				22. VIOLENCE: If death was due to external	causes, fill in the following;	
Buris Cremetic	L L	Date ther	eot 4/15/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or craim	Mount	/	et Cemetery	Where did injury occur?(City or town		
Semetery of Ctales			Maryland			(State)
Location			***************************************	Injured at home, tarm, Industry, public place		***********
18. Funeral director.	M. R.	Etchi	son and Son	Means of Injury	Injured at work?	
Address		rick.	Maryland	719	me Jahrney	M D
1 . 0	. 0	61	. 1 An Ro 11 .0	23. SIGNATURE Accus	neganney	on other
19. 12 40	Ml 19 H 6		isabelle J. Helle	Address Frederick, Ma	ryland	4-12-46
(Date rec'd by	registrar)		Registrar	Address	Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, 1 is especially

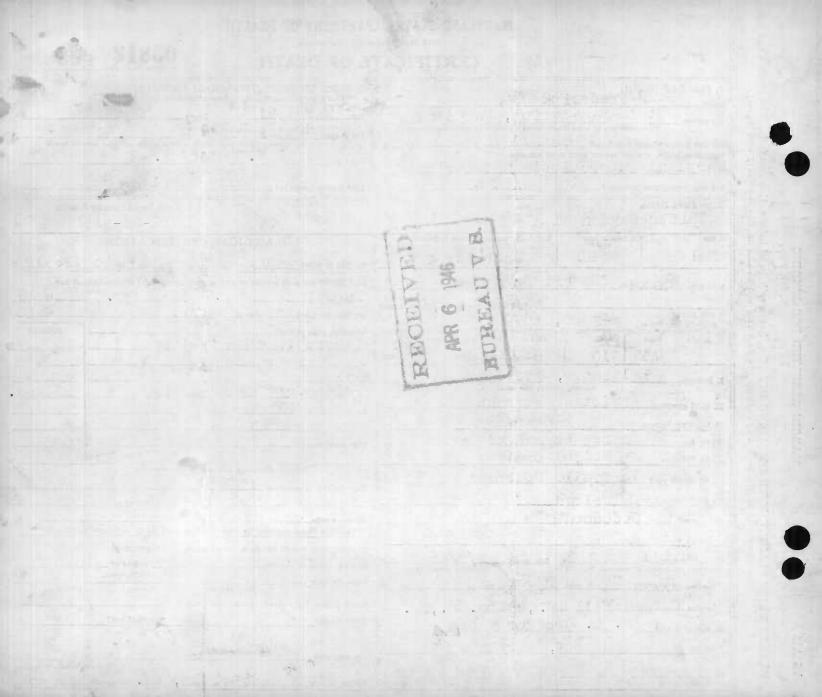
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03812 139 Reg. Diat. No. 139

			Keg. Diat. No.		
1. PLACE OF D	Fredemi	ck	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	ata Sonot	Orium Marriand	state Maryland county		
City or town. City outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 8/22/45 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana torium How long in hospital or institution? Since 8/22/45			City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 618 S. Eaton St. (If rural, give LOCATION) World War 1		
3. (a) FULL NAM			3. (b) Social Security Number 212-01-5154		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE DF DEATH April 3 19 46 at 2:50		
		11 Szymanski	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 22 19.45 to Apr. 3		
7. Birth date of deceased (mo., day		, 1899			
8. AGE: Yea	rs Months	Days if less than one daymin	Immediate cause of death Tuberculous Meningitis 10 F		
10. Usual occupation	Assistan	, Maryland bounty, and state) t Foreman	Pulmonary Tuberculosis 12 M		
12. Name	Andrew S Polan	zymanski d	Other conditions		
	Josephine Polan	e Pozenka	(Include pregnancy within 3 months of death) Major fiadings of operations.		
16. Informani			Antopsy results		
	1 m, or removal. Which?) MX Sacred		22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Ger	man Hill	Rd. Balto Co. Md.			
18. Funeral director.		reager & Son /			
Address		t, Mary land	R. W Beering		
19. (Date rec'd by r	egistrar) 19	Registra	M. D. Secolar X		





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03813

CERTIFICATE OF DEATH

1 39

	Reg. Dist. Nom.z
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Catherine E. Tippett	3. (b) Social Security Number None
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH APril 8 19.46 at 10
8.(b) Name of husband were Webster Tippett 8.(c) If alive, give age 23 years 7. Birth date of deceased (mo., day, yr.) January 15, 1927	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 25 19. 46, 10. April 8 19. and that I last saw h. er alive on April 8 19.
8. AGE: Years Months Days If less than one day 19 2 24hrs. min.	Far advanced bilateral pulmonary tuberculosis with
9. Birthplace Mechanicsville, Md. 10. Usual occupation Housewife	Due 10.
11. Industry or business 12. Name	Dither conditions
14. Maiden name Florence Owings 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Webster Tippett (Husband) Address Mechanicsville, Maryland	Autopsy results
17. Burial Date thereof 4/11/46 (Burlal, cremation, or removal, Which?) (month) (day) (year) Cemetery ************************************	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Morganza, Maryland 18. Funeral director W. C. Mattingley & Sons	Injured at home, farm, Industry, public place (where?)
Address Leonardtown, Maryland 19. (Date ref d by registrar) Registrar	23, SIGNATURE R. W. Bace M. D. KANGKY Address State Sana torium, Md. Date signed 4/9/1

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BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93:0

CERTIFICATE OF DEATH

Rog. Dist. No. / 5 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Fredrick			
City or town (1f outside city or town limits, write RURAL and give nearest town)	state Maryland county Fredrick		
How long in above place of death? 55 years	City or town 28 West Main Street (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Emmitsburg.		
	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Guy John Topper	none		
4. See 5. Color or race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
m white married	20. DATE DE DEATH		
6.(6) Name of husband or wife Stella La Long	21. I CERTIFY that death accurred of the date above stated: that I attended deceased from		
	ears 19 19 10 (17 14 32) 19 20		
7. Birth date of deceased (mo., day, yr.) June 19, 1890	and that I last saw hely alive on		
8. AGE: Years Mooths Days Ifless than one day	Immediate cause of death Son Mulleus of hore 6 Mars		
55 10 11hrs.	nia,		
9. Birthplace Emmitsburg, Md. (Town, county, and state)	Due to Appetlement) several		
	34		
10. Usual occopation Barber	Due to Chronie Myewdy / Chron		
11. Industry or business			
Jacob L. Topper 13. Sirthplace Adams Co, Pa.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Ada Waraman 15. Birthplace Fredrick Co, Md.			
5 15. Birthotace Fredrick Co, Md.	Major findings of operations		
B11. 1 (01. 46.11	Autoray results.		
16. Interment	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.		
Address 6 mmis very MA -	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. bur 1al Date thereof. May 3, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. St Joseph	Where did injury occur?		
Location Emmitsburg, Md.	Injured at home, farm, industry, public place (where?)		
1 0 0 0 0	Means of injury Injured at work?		
18. Funeral director. J. L. L. Lison	[D] [A 11 19		
Address Emmitsburg, Md.	23, SIGNATURE WAY Carlle MD		
19. May = 18 46 M. Tr. Shuff	23. SIGNATURE M. D. or other		

MAY 3 1946 BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

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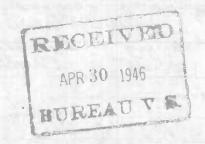
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Die Die	BT-	5

CERTIFICATE OF DEATH

	Reg. Dist. No.	
1. PLACE OF DEATH: County Selevely (If outside city or town Malts, writh RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intests give residence of mother) State Coupp	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital or identitution?	2.(g) If veteran, name war	
3. (a) FULL NAME John William Dernar	d Waloh 3. (b) Social Security Number	
1. Sex Scholar or 1909 6.(a) Single, married ridured, or diversed Surgle	MEDICAL CERTIFICATION 20. DATE DE DEATH. April 27, 19 46 at 97, 19	
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I situated deceased from	
7. Birth date of deceased (mo., day, yr.) May 3, 1866	and that Last saw the on Franchise DURATION	
8. AGE: Years Months Days It leas than one day 25	Ouric Nephritis 10 years	
9. Birthplace	Due 10	
10. Usual occupation	Due to	
12. Name	Dther conditions	
14. Maiden name Mary Jave Well	(Include pregnancy within 8 months of death) Major findings of operations.	
16. Information of the first the fir	Autopsy results	
Address fills fill for p Malliot Ma 17. But fill bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or Cemetery St. Johnson	Where did injury occur?	
Location Fulding 1110	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
18. Funeral director.	anguise of mulai	
9 9 CAN I WILL STORY	23. SIGNATURE Mernard Illuna . M. D. og other	
19. (Date rec'd by registrar) Registrar	Address Frederick hit Date signed July 29, 19)	

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UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

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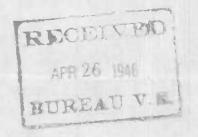
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2.6)

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. The All All All All All All All All All Al	State Med County Franklistick	
City or town		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
***************************************	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME GEORGE B. Stary,	3. (b) Social Security Number	
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white Single	20. DATE OF DEATH ALL 23 19.46 at 2:30 A:	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(U) Name of husband or wife	Jan 10 19 46 10 2/11/2 22 19 46	
7. Birth date of	and thet I last saw has alive on Plant 9 34. 1946	
deceased (mo., day, yr.) Gelober 31 1869	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Echaustin princeous	
76 5 22	and I you	
9. Birthplace (Town, county, and state)	Due to Conciniona Bladden 2 year	
10. Usual occupation France (Petisial)		
10. 0000	Due to	
11. Industry or business		
12. Name Can Haymant	Dther conditions	
# 14. Maiden name Makian Binda	(Include pregnancy within 3 months of death)	
15. Birthplace Maunishus, La.	Major findings of operations	
mis of B Blackmake		
16. Informant Alexander	Antopsy results	
Address 45 M. Chresch St. Waynestono la	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Battlind, (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)		
1 7/10 0 4	Accident, suicide, or homicide	
Cemetery or cremayory Atlan Hall Manufacy	Where did injury occur?	
Location Maynestone, Ja.	Injured at home, farm, Industry, public place (where?)	
Flat of Une	Means of injury Injured at work?	
18. Funeral director	, 0	
Address It Church St. Waynestrop la	23. SIGNATURE Months & Sund M.D. or other	
19. (Date reckl by registrar) Registrar		
(Date rec'd by registrar) Registrar	Address Thursday Date signed that I the	



113817

CERTIFICATE OF DEATH Reg. Diat. No. 3		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME Janet Steen	T Williams 3. (b) Social Security Number	
4. Sex 5. Color of race 6.(a) Single, married, wildowed, or directed carles carlos	MEDICAL CERTIFICATION 2D. DATE DE DEATH. MEDICAL CERTIFICATION 2D. DATE DE DEATH. MEDICAL CERTIFICATION 19. 46, 21. 3. P.	
8. (c) It alive, give age 7. Birth date of decaased (mo., day, yr.) 8. AGE: Years Months Bays It less than ona day hrs. 9. Birthplace 3.004, and state) 10. Usual occupation.	and that Vaet sew h. R.c. alive on a 2 3 4 19 19 19 19 19 19 19 19 19 19 19 19 19	
11. Industry or business 12. Name	Other conditions	
16. Informant Carlain EWilliam Address Fredain May Date thereot Month) (day) (y Charles Fredain Which?) Date thereot Month) (day) (y	Aatopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, fill in the toilowing; Accident, aulcide, or homicide. Date of Where did injury occur? (City or town) (County) (State)	
Location String Seage Conditions 19. Funeral director Research address Fullowife, Mad.	Injured at home, tarm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE. M. D. or other	
19. 2 4 Carel (Date rec's by registrar)	Registrar Address Federulclud Date signed and	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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